CODE RVA Regional High School

1405 Cummings Drive, Suite 10
Richmond, VA 23220
804-968-1820

FEE WAIVER REQUEST

Please complete if requesting a fee waiver based on temporary or ongoing economic hardships.
Information will be kept confidential.
Approvals are valid for the current school year only and dependent on available funds.

Parent Information

Last Name _____ First Name _____

Address/City/State/Zip _____

Cell Phone _____ Work Phone _____

Please check all applicable boxes that apply to your family and attach supporting documentation:

- ☐ Unemployment Benefits
- ☐ TANF-Temporary Assistance for Needy Families
- ☐ SNAP-Supplemental Nutrition Assistance Program
- ☐ SSI-Supplemental Security Income
- ☐ Medicaid
- ☐ Foster Family caring for children in Foster Care
- ☐ McKinney-Vento
- ☐ Other (Please explain below)

Student Information

Last Name _____ First Name _____

- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th

Please check for fees you are requesting to be waived (applies to the current school year only):

- ☐ $5.00 9th or 10th Grade Class Fee
- ☐ $25.00 Junior OR Senior Class Fee
- ☐ $35.00 Technology Fee

☐ Dual Enrollment Fees _____

Grand Total _____

Additional Details/Information: _____

_____

My signature below signifies that the information shared in this document is true and correct:

_____ _____

Parent/Guardian Signature **Date**

Please send completed form (one for each student) and documentation to the main office or melody.krupnik@coderva.org

OFFICE USE ONLY:

- ☐ **Approved in Full**
- ☐ **Approved Partial (Explanation):** _____
- ☐ **Denied (Explanation):** _____
- ☐ **Family Notified**

_____ _____

Executive Director **Date**