

1405 Cummings Drive, Suite 10

Richmond, Virginia 23220

## **FEE WAIVER FORM**

Please complete this form to request a fee waiver based on temporary or ongoing economic hardships. This information provided in this form will be kept confidential.

Parent,	/Guardian(s) First and Last Name(s):
Street	Address/City/State/Zip Code Where Student Lives:
Home	Phone: Cell Phone: Work Phone:
Studen	t 1 First and Last Name:
Studen	t 1 Grade Level:
(If App	licable) Student 2 First and Last Name:
Studen	t 2 Grade Level:
Check	the appropriate boxes that apply to your family and attach supporting documentation.
00000	Unemployment benefits Temporary Assistance for Needy Families (TANF) Supplemental Nutrition Assistance Program (SNAP) Supplemental Security Income (SSI) Medicaid Foster families caring for children in foster care McKinney-Vento (homelessness) Other (Please explain below.)
	e is any additional information you would like to share to help us to understand your situation, list it here.

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Check the appropriate boxes for the fees you wish to be waived. Families are not guaranteed a waiver

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of all fees.			
	Student Activity Fee = \$5 for 9th and 10th graders; \$25 for 11th and 12th grader	S.	
	Chromebook/Laptop Fee = \$35		
•	Dual Enrollment Fees (\$15 per credit hour; most courses are three credits; some take more than one course)	students may	
۵	Please check here if you would like to be considered for a fee reduction for SAT a testing fees.	ind/or AP	
٠	If you are able to pay your fees but would prefer to do so on a payment plan, ple here and we will contact you to set up a schedule.	ase check	
By signing below, I indicate that the information shared in this document is true and correct.			
Parent	/Guardian Signature	Date	

Once completed, please return this form to the main office or send to info@coderva.org.