



District Forms

2012-13

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VERSIÓN EN ESPAÑOL

FEE WAIVER APPLICATION (GRADES 7-12)
Please read the School Fees Notice before completing the application!
All information on this application will be kept confidential

SECTION A: STUDENT INFORMATION AND BASIS FOR FEE WAIVER.

Name of student: _____ SSN: ____ - ____ - ____ (not required but expedites the process)
Address: _____
School: _____ Grade level: _____
Name of parent or guardian: _____ Phone number: _____

Please check if applicable: (attach supporting documents for each category that applies)

- ☐ Student is eligible based on income verification. (See Section D, Page 2 of 2)
☐ Student receives (SSI)* Supplemental Security Income (QUALIFIED CHILD WITH DISABILITIES)
☐ Family receives TANF (currently qualified for financial assistance or food stamps)
☐ Student is in Foster Care (under Utah or local governmental supervision)
☐ Student is in State Custody

***Please note: Students who receive Survivor Benefits Do Not Qualify for the SSI category listed above.**

Parent(s)/guardian(s) shall provide income eligibility documentation in the form of income tax returns or current pay stubs demonstrating compliance with requirements consistent with state law and school district policies and/or guidelines for all of the above qualifiers.

If none of the above apply but you wish to apply for fee waivers or other help with school fees because of serious financial problems, please state the reason(s) for the request:

(If you need more space, please continue on the back of this page)

Please check the school fee schedule and list all fees that you wish to have waived. If your student is eligible for fee waivers, all of those fees identified will be waived. **Please note that costs for yearbooks, class rings, letter jackets, school pictures, and similar items are not fees and will not be waived. Students may be required to pay fees for concurrent enrollment or advanced placement courses. The portion of the fees related specifically to college or post-secondary grades or credit is not subject to fee waiver.**

Fee Description	Amount	Fee Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please give this application to the Principal, Assistant Principal, or the School Fee Counselor when you have finished filling it out. All fee payments will be suspended until the school has determined if your student is eligible for fee waivers. You will then be given a written notice of that decision. **The school shall require you to present proof of eligibility.** State law requires schools or school districts to require DOCUMENTATION of fee waiver eligibility if parent must "apply for fee waivers." State law also requires that school districts provide alternatives in lieu of fee waivers, "to the fullest extent reasonably possible according to individual circumstances of both fee waiver applicant and school," consistent with local board policies and/or guidelines which may include tutorial assistance to other students, assistance before or after school to teachers and other school personnel on school related matters, and general community or home service. If your student is eligible for a waiver, the school cannot require you to agree to an installment payment plan or sign an IOU in place of a waiver.

I HEREBY CERTIFY THAT THE INFORMATION AND DOCUMENTATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO GIVE SCHOOL OFFICIALS PERMISSION TO USE THIS FORM AS A RELEASE TO OBTAIN INFORMATION NECESSARY FOR VERIFICATION OF ELIGIBILITY.

DATE: _____

PARENT'S OR GUARDIAN'S SIGNATURE

Section B: INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS (Required for students who do not qualify based on a special category.)**LIST ALL INCOME BEFORE DEDUCTIONS IN THE APPROPRIATE COLUMN(S) ON SAME LINE AS RECEIVER.**

Convert to monthly income: (weekly) multiply by 4.33; (every two weeks) multiply by 26 divide by 12; (twice a month) multiply by 2; and (annually) divide by 12

The last income tax return or the last three pay stubs, or both, if available, of each household member are required to be attached to this form.

NAME Last	First	M.I. (also known as)	Earnings from work (before deductions)	Pension/Retirement Social Security	Welfare, alimony child support	Other income 2nd job, etc.	Total by Adult Monthly
			Job 1 Monthly	Monthly	Monthly	Monthly	Income
1			\$	\$	\$	\$	\$
2			\$	\$	\$	\$	\$
3			\$	\$	\$	\$	\$
4			\$	\$	\$	\$	\$
5			\$	\$	\$	\$	\$
6			\$	\$	\$	\$	\$
7			\$	\$	\$	\$	\$
8			\$	\$	\$	\$	\$

Total number of ALL PEOPLE living in household _____

Section C. EXAMPLES OF INCOME

Earnings from Work	Pension/Retirement Social Security	Welfare, Alimony Child Support	Other Income
Wages, salaries and tips, strike benefits, unemployment comp., workers' comp, net income from self-owned business or farm	Pensions, supplement, security income, retirement payments, Social Security Income (including SSI a child receives)	TANF payments, welfare payments, alimony, and child support payments	Disability benefits; cash withdrawn from savings; interest & dividends; income from estates, trusts, and investments, regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

Section D. INCOME ELIGIBILITY GUIDELINES July 1, 2012 to June 30, 2013

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$14,521	\$1,211	\$606	\$559	\$280
2	\$19,669	\$1,640	\$820	\$757	\$379
3	\$24,817	\$2,069	\$1,035	\$955	\$478
4	\$29,965	\$2,498	\$1,249	\$1,153	\$577
5	\$35,113	\$2,927	\$1,464	\$1,351	\$676
6	\$40,261	\$3,356	\$1,678	\$1,549	\$775
7	\$45,409	\$3,785	\$1,893	\$1,747	\$874
8	\$50,557	\$4,214	\$2,107	\$1,945	\$973
For each additional family member, add:	\$5,148	\$429	\$215	\$198	\$99

In lieu of income verification, attach supporting documents to this form for each special category that applies. For TANF (financial assistance or food stamps) attach a letter of decision covering the current period from Workforce Services.

For SSI (QUALIFIED CHILD WITH DISABILITIES), attach the benefit verification letter from Social Security. For State custody or foster care, provide the "youth in custody required intake form" and/or "school enrollment letter" provided by the case worker from DCFS or Juvenile Justice Department.

This form and all supporting documents will be destroyed after the approval process is complete.

FEE WAIVER DECISION AND APPEAL FORM

To the parent or legal guardian of _____

_____ Your application for fee waivers has been approved.

Your application for fee waivers has been denied because:

_____ Your child does not appear to qualify under any of the eligible categories.

_____ We don't have enough information to decide if your child qualifies for fee waivers.

Please provide us with the information requested below or call (name) _____
at (number) _____ as soon as possible so that we can complete work on your
application.

_____ Explanations or other reasons for denial: _____

By: _____ Date: _____
(Signature of school employee)

PARENTAL APPEAL RIGHTS

IF YOU DISAGREE WITH THIS DECISION, YOU HAVE THE RIGHT TO APPEAL. To appeal, send a letter (or the Notice of Appeal form printed at the bottom of this page) to the school principal, explaining why you disagree with this decision. Include your name, your child's name, and the date. **YOU MUST MAIL OR HAND-DELIVER YOUR APPEAL WITHIN TEN SCHOOL DAYS OF RECEIVING THIS NOTICE.** *Keep a copy of the appeal for your records.* A school representative will contact you within two weeks after receiving your appeal and schedule a meeting to discuss your concerns. You will also be given a copy of the school district's School Fees Appeals Policy containing a complete statement of policies and procedures for appeals. **ALL REQUIREMENTS FOR PAYMENT OF FEES WILL BE SUSPENDED UNTIL THE FINAL DECISION IS MADE REGARDING YOUR APPEAL.**

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NOTICE OF APPEAL

I, (give your name) _____ wish to appeal
the decision regarding my application for school fee waivers for the following reasons:

My child's name is _____

Please schedule a meeting to discuss this appeal. I understand that all fees will be suspended until a final decision has been reached, and that my child will be able to participate fully in all school activities during that time on the same basis as if the fees had been paid.

_____ Date: _____
(Signature of the person submitting the appeal)

COMMUNITY SERVICE OBLIGATIONS

State law requires a school district to provide alternatives in lieu of fee waivers for students who are eligible for fee waivers (except for textbooks), "to the fullest extent reasonably possible according to individual circumstances of both fee waiver applicant and school," consistent with local board policies and/or guidelines. Your student will have several options from which to choose in completing the community service requirement. Those options include:

- Community service at the school, such as tutorial assistance to other students, or service outside of regular school hours as a student aide to school staff;
- Community service in the community; or
- When special needs require, community service in the home.

Students may not provide community service to their own employers, nor may they fulfill a community service requirement by working for a commercial establishment other than a facility such as a nursing home or hospital where volunteer services are commonly provided.

Community service requirements must be appropriate to the age, physical condition, and maturity of the student; must be conducted in such a way that students are not subjected to embarrassment, ridicule, or humiliation; and must not provide direct private benefit to school employees or their families. In addition, community service requirements must avoid excessive burdens on students and families and give proper consideration to a student's educational and transportation needs and other responsibilities. If circumstances arise which make it too difficult for a student to complete a community service assignment, notify the school principal immediately to determine what adjustments should be made. Failure to complete a community service assignment may result in denial of fee waivers.

Community service hour requirements will be computed using a formula based upon not less than the minimum hourly wage. For example, if a fee-waiver eligible student is assessed \$100 for school fees and the school policy is based upon a \$5 per hour community service credit, then the student may be required to perform up to 20 hours of community service. **Community service students will not be considered to be employees of those for whom they provide the service, and no money will be paid to the students or to the school in return for community service.**

Regular employees who work in places where students perform community services may not be replaced, nor may their hours be reduced, as a result of the students' community service activities. Community service is intended to supplement existing services, not replace that which is already being done by others.

(Name of student) _____ agrees to complete _____ hours of community service (describe briefly) _____

to be completed before _____ (date). This will satisfy the student's obligation for _____ (amount) of school fees.

SIGNATURES:

Student: _____ Date: _____

Parent/guardian: _____ Date: _____

School administrator: _____ Date: _____

If a parent/guardian feels that community service has been unreasonably or unfairly required, the parent may appeal that decision using a form available from the school district.

If you have questions, first talk to your school or school district representative listed below. If you still need help, contact one of the other agencies listed:

School telephone no.: _____

Ask for: _____

District telephone no.: _____

Ask for: _____

Utah State Office of Education

250 East 500 South

P.O. Box 144200

Salt Lake City, Utah 84114-4200

801-538-7830

USOE 4/25/11

**COMMUNITY SERVICE ASSIGNMENT
AND
NOTICE OF APPEAL RIGHTS**

To the parent or legal guardian of : _____
If the following community service requirement is completed, your student's school fees will be waived.

The total amount of fees which will be waived in return for completion of the community service obligation is \$ ____.

Your student will be required to perform _____ hours of community service as follows:

Location: _____
Supervisor: _____ Hours: _____
Starting date: _____ Ending date: _____

Location: _____
Supervisor: _____ Hours: _____
Starting date: _____ Ending date: _____

Location: _____
Supervisor: _____ Hours: _____
Starting date: _____ Ending date: _____

Location: _____
Supervisor: _____ Hours: _____
Starting date: _____ Ending date: _____

School fees credit is given for performance of community service at the rate of \$_____ per hour.

By: _____ Date: _____
(Signature of school employee)

PARENTAL APPEAL RIGHTS

Please be sure to read the School Fees Notice and the back of this form before deciding to appeal the community service decision!

IF YOU THEN STILL DISAGREE WITH THIS DECISION, YOU HAVE THE RIGHT TO APPEAL. To appeal, send a letter to the school principal explaining why you disagree with the decision. Include your name, your child's name, and the date. If you prefer, the school will provide you with an appeal form which you can fill out and send instead of a letter.

YOU MUST MAIL OR HAND-DELIVER YOUR APPEAL WITHIN TEN SCHOOL DAYS OF RECEIVING THIS NOTICE. *Keep a copy of the appeal for your records.* A school representative will contact you within two weeks after receiving your appeal and schedule a meeting to discuss your concerns. You will also be given a copy of the school district's School Fees Appeals Policy containing a complete statement of policies and procedures for appeals. **ALL REQUIREMENTS FOR PAYMENT OF FEES WILL BE SUSPENDED UNTIL THE FINAL DECISION IS MADE REGARDING YOUR APPEAL.**

USOE 4/17/06

APPEAL OF COMMUNITY SERVICE ASSIGNMENT

Student's name: _____

School: _____ **Grade:** _____

I, (give your name) _____, wish to appeal the decision regarding the community service assignment given to my child for the following reasons:

[illegible]

Please schedule a meeting to discuss this appeal. I understand that all fees will be suspended until a final decision has been reached, and that my child will be able to participate fully in all school activities during that time on the same basis as if the fees had been paid.

(Signature of the person submitting the appeal)



Free and Reduced Price Meals Application

Free and reduced school meal applications are now available online. Please visit www.jordandistrict.schoolslunchapp.com to complete and submit the application. You will find a Spanish application option on the home page.

- Upon request, **schools will have computers available** for completing and submitting online applications.
- **Hard copy applications are also available in the main office of your school** or from Jordan School District Nutrition Services at 7905 S. Redwood Road.
- Completed hard copy applications should be **submitted to your schools** main office or cafeteria or to Jordan School District Nutrition Services.
- **If you need further assistance, please contact JSD Nutrition Services at 801-567-8760.**