

## Operational Services

### **Exhibit - Response to Application for Fee Waiver, Appeal, and Response to Appeal**

#### **Response to Application for Fee Waiver** *(To parents/guardians)*

\_\_\_\_\_  
Student's Name *(please print)*

\_\_\_\_\_  
School

Request granted     Request denied for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
**If your request was denied**, you may appeal in writing by completing the following portion of this form and submitting it to the Superintendent. If you appeal this decision, you have the right to meet with the Superintendent or designee to explain why the fee waiver should be granted. You may reapply at any time if circumstances change.

\_\_\_\_\_  
Building Principal or Office Staff Member

\_\_\_\_\_  
Date

#### **Appeal of the Denial of a Fee Waiver** *(To be submitted to the Superintendent)*

I am exercising my right to appeal the Building Principal's denial of my request to waive the school student fee described above.

I would like to explain why the fee waiver should be granted during a telephone conversation or during a meeting with the person who will decide my appeal. *(If you check this box, someone from the Superintendent's office will contact you to make arrangements.)*

\_\_\_\_\_  
Parent/Guardian *(please print)*

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Superintendent's office will notify you in writing of the results of your appeal within 30 calendar days of receipt of your appeal.

#### **Response to Appeal of the Denial of a Fee Waiver** *(To parent(s)/guardian(s))*

Appeal received on: \_\_\_\_\_ *(insert date)*.

I have reviewed your appeal.

Request granted     Request denied for the following reason(s):

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

FIRST READING: SEPTEMBER 20, 2016

SECOND READING: OCTOBER 18, 2016

APPROVAL: OCTOBER 18, 2016