

Lake Oswego School District

Instructions for Completing “2017-18 Request for Fee Waiver or Reduction” Form

Requests for resident fee waivers or fee reductions, except for the National School Lunch Program (NSLP), will be processed using the attached form. Please complete the form and submit it to the department or school which collects the applicable fee or fees. Fee waivers are not available for all Community School programs. Please contact Melissa Griffiths in the Community School office (503-534-2302) to determine what fee reductions may be available for the specific Community School program you may be applying for, including Extended Care. Please contact Food Services at 503-534-2361 for the NSLP fee waiver process instructions and form.

Fee waivers¹ will be awarded to households where total monthly income is at or below the levels shown in Table 1. If there are more than six members in your household, contact the district business office for additional guidance at 503-534-2308.

Table 1
Income Qualifications for Fee Waivers

| Household Size | Monthly Gross Income |
|----------------|----------------------|
| 1 | \$1,287 |
| 2 | \$1,736 |
| 3 | \$2,184 |
| 4 | \$2,633 |
| 5 | \$3,081 |
| 6 | \$3,530 |

Fee reductions will be awarded on a sliding income scale according to Table #2 below.

Table 2
Income Qualifications for Reduced Fees

| Household Size | Fee Reduction Levels Based on Monthly Gross Incomes | | | | | |
|----------------|---|---------|---------|---------|---------|---------|
| | 25% | | 50% | | 75% | |
| | Maximum | Minimum | Maximum | Minimum | Maximum | Minimum |
| 1 | \$1,831 | \$1,652 | \$1,651 | \$1,470 | \$1,469 | \$1,288 |
| 2 | \$2,469 | \$2,228 | \$2,227 | \$1,983 | \$1,982 | \$1,737 |
| 3 | \$3,107 | \$2,802 | \$2,801 | \$2,494 | \$2,493 | \$2,185 |
| 4 | \$3,746 | \$3,377 | \$3,376 | \$3,006 | \$3,005 | \$2,634 |
| 5 | \$4,384 | \$3,951 | \$3,950 | \$3,517 | \$3,516 | \$3,082 |
| 6 | \$5,022 | \$4,526 | \$4,525 | \$4,030 | \$4,029 | \$3,531 |

Questions regarding eligibility or fee schedules should be directed to the district business office (503-534-2308). Completed forms may be submitted to your student’s school or to the appropriate department. If greater discretion is desired, forms may be submitted directly to the district’s Business Office.

¹ Under conditions of “severe hardship,” households who do not otherwise qualify under the income limits listed above may be granted fee waivers. Where you believe that payment of fees would impose a severe hardship, although you do not qualify under the income limits specified above, you may choose to submit other information documenting the hardship. This information will be considered in determining eligibility for fee waivers.



Lake Oswego School District
2017-18 Request for Fee Waiver or Reduction

I am requesting a waiver or reduction of a Lake Oswego School District fee based on economic need.

Student for Whom the Fee Reduction is Requested: _____

School Where Enrolled: _____

Description of Fee and Amount: _____

(Please contact Food Services for their separate fee waiver form.)

Family Information

Current Address: _____

Current Phone Number: _____ Number in Household _____

Income Source #1

Household Member's Name: _____

Employer: _____

Monthly Gross Income: _____

Employer Contact Phone Number: _____

Income Source #2

Household Member's Name: _____

Employer: _____

Monthly Gross Income: _____

Employer Contact Phone Number: _____

Other Source of Income

Household Member's Name: _____

Source: _____

Monthly Gross Income: _____

Source Contact Phone Number: _____

Total Monthly Gross Income: _____

I certify that the information provided is accurate and complete and a true representation of our household income. I authorize the school district to verify any and all information provided on this form and understand that eligibility for fee reductions may be dependent on this verification.

I also agree to notify the school district within 30 days if there are any changes in the status of our household's gross monthly income levels.

Parent Signature _____ Date _____

Parent Name (Please Print) _____

| | |
|-----------------------------------|------------------------|
| FOR DISTRICT USE ONLY: | |
| Approved for (description): _____ | By: _____ |
| Date: _____ | Signature _____ (6/17) |