

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

On District Letterhead

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.

Chief Financial Officer

Date

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

- ☐ I am exercising my right to appeal the Business Manager's denial of my request to waive the fee described above.
- ☐ I would like to explain why the fee waiver should be granted during a phone/video conference or an in-person 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 of the results of your appeal in approximately 14 calendar days.

Response to Appeal of the Denial of a Fee Waiver *(To Parents/Guardians)*

- ☐ Appeal received on: (insert date).
- ☐ I have reviewed your appeal.
- ☐ **Request granted** ☐ **Request denied for the following reason(s):**

Superintendent

Date