Operational Services

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

| Student's Name (please print) | School |
|--|--|
| ☐ Request granted ☐ Request denied for the following reason(s): | |
| | |
| form and submitting it to the Superintende | beal in writing by completing the following portion of this ent. If you appeal this decision, you have the right to meet ain why the fee waiver should be granted. You may reapply |
| Chief School Business Official or Office Member | e Staff Date |
| Appeal of the Denial of a Fee Waiver (To l | be submitted to the Superintendent) |
| ☐ I am exercising my right to appeal the waive the school student fee described | Chief School Business Official's denial of my request to above. |
| | iver should be granted during a phone/video conference or who will decide my appeal. (If you check this box, someone contact you to make arrangements.) |
| Parent/Guardian (please print) | Telephone Number |
| Signature | Date |
| The Superintendent's office will notify you days of receipt of your appeal. | u in writing of the results of your appeal within 30 calendar |
| Response to Appeal of the Denial of a Fee Appeal received on: (insert dat I have reviewed your appeal. Request granted Request denied | |
| Superintendent | Date |