

MONTGOMERY COUNTY PUBLIC SCHOOLS**Fee Waiver Record**

Name of School _____

Office of School Support and Improvement
Montgomery County Board of Education, Internal Audit
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850**STATEMENT**

Montgomery County Public Schools (MCPS) remains committed to providing all students, regardless of their economic circumstances, with full access to all courses, the instructional materials required for those courses, and the instructional program.

A student, the student's parent or guardian, or any student advocate, including teachers and counselors, may request an adjustment to or waiver from various school fees.

- It is every educator's responsibility to identify students who may need adjustment in various school fees and not depend on student self-identification.
- Every school will offer options that include a schedule of payments, a reduced fee, or a complete waiver.

DIRECTIONS

- 1. This form is intended for the school's financial records ONLY and should NOT be given to a student or parent/guardian as an application form.**
2. The student's teacher, once the teacher is made aware of the need for a waiver, is responsible for completing the form, and submitting to the principal or designee for review.
3. The teacher may request assistance from the counselor, resource teacher, or administrator to determine appropriate waiver option.
4. Schools should keep all forms on file and keep a record of the total amount of waivers funded by the school for each fiscal year. It is the principal's responsibility, in collaboration with staff, to determine the appropriate location for this file. Appropriate options may include the school business administrator, school financial specialist, school administrative secretary, and/or other staff as deemed appropriate.
5. The principal may be asked to submit a record of waivers funded by the school per academic semester.

STUDENT INFORMATION

Student Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

Was contact made with parent/guardian? Yes No**Type of Fee (Check one to Indicate Type of Fee)** Approved Course-related Field Trip Sports Related

Other (Detail) _____

If Approved Course-Related Fee, Provide Course Information

Four-digit Course Code _____

Course Title _____

Is fee on school's list of approved fees? Yes No**Waiver Information (Select One to Indicate Waiver Option Being Used)** Payment Schedule Reduced Payment Full Waiver

Details (Include dollar amount, as applicable) _____

TEACHER AND ADMINISTRATIVE SIGNATURES

Teacher Name (Please Print) _____

Signature of Teacher _____ Date ____/____/____

Principal or Designee Name (Please Print): _____

Signature of Principal or Designee _____ Date ____/____/____