

Application for Partial or Full Waiver of Summer School Tuition



Summer School Programs
Rockville, Maryland 20850

MCPS Form 325-4
March 2018

INSTRUCTIONS: Attach this form to each Summer School Registration form submitted.

Student MCPS I.D. number _____

Student's name _____
Last
First
MI

I qualify for (check appropriate box below):

Students Registering for a General Summer School Course (not including ESOL courses)

If your income is:	You pay:
Family assistance agency	\$85 <input type="checkbox"/>
\$0-\$31,980	\$85 <input type="checkbox"/>
\$31,981-\$45,510	\$120 <input type="checkbox"/>
Over \$45,510	\$300 <input type="checkbox"/>

For Students Registering in ESOL Courses

If your income is:	You pay:
Family assistance agency	\$40 <input type="checkbox"/>
\$0-\$45,510	\$40 <input type="checkbox"/>
Over \$45,510	\$140 <input type="checkbox"/>

Project Discovery

If your income is:	You pay:
Family assistance agency	\$0 <input type="checkbox"/>
\$0-\$45,510	\$0 <input type="checkbox"/>
Over \$45,510	\$140 <input type="checkbox"/>

I certify that the information on this form is true and that my total household income is reported. I understand that school officials may verify the information on this form. I understand that if I purposely give false information, I may have to pay full summer school tuition.

Parent/Guardian (Print Name) _____

Signature, Parent/Guardian _____ Date ____/____/____

DISTRIBUTION: Submit one copy with Summer School Registration Form.