



## WAIVER OF INSTRUCTIONAL FEES 2019-2020 SCHOOL YEAR

Dear Parent/Guardian:

If you are currently receiving funds from Ohio Works First, Ohio's Disability Assistance Program, or the Social Security Administration for a disability, you are eligible for a waiver of any fees associated with instruction in a course of study (does not include fees for participation in co-curricular or extra-curricular activities). If you believe you are eligible for this waiver, complete "Section 1" of this form, have your caseworker complete "Section 2", and return waiver to the school principal.

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### SECTION 1

(List name of each child you have enrolled for whom you receive funds)

I, \_\_\_\_\_ believe my child(ren) qualifies for a waiver of instructional school fees.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### SECTION 2

(Completed by Social Security office or Dept. of Human Services for families receiving OWF)

I verify the children listed above enrolled with Marietta City Schools qualify for the waiver of instructional school fees.

Case #: \_\_\_\_\_ State Disability Case #: \_\_\_\_\_

Parent/Guardian SSN #: \_\_\_\_\_

Child(ren) SSN #: \_\_\_\_\_

Date Parent/Guardian started receiving benefits: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_