



WAIVER OF INSTRUCTIONAL FEES 2018-2019 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.

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.

Name

School Attending

Name

School Attending

Name

School Attending

Parent/Guardian Signature: _____ Date: _____

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.

OWF Case #: _____ State Disability Case #: _____

Parent/Guardian SSN #: _____

Child(ren) SSN #: _____

Date Parent/Guardian started receiving benefits: _____

Caseworker's Signature: _____ Date: _____