



School Counseling Office
Pawling High School 334-435
 30 Wagner Rd Pawling, NY 12564
 845.855.4615 Fax: 845.855.4678
www.pawlingschools.org

FEE WAIVER REQUEST FORM
2017-2018

STUDENT NAME: _____

Please check the eligibility requirements below which qualifies your child for a fee waiver:

___ Student's annual family income falls within the ***Income Eligibility Guidelines*** set by the United States Department of Agriculture (USDA) Food and Nutrition Service.

Number in Household (including the student)	Total Annual Income Before Taxes* (in last calendar year)
1	\$22,311
2	\$30,044
3	\$37,777
4	\$45,510
5	\$53,243
6	\$60,976

*see <http://www.fns.usda.gov/school-meals/income-eligibility-guidelines>

- ___ Student is enrolled in a federal, state, or local program that aids students from low-income families (e.g. TRIO programs such as Upward Bound).
- ___ Student's family receives public assistance.
- ___ Student lives in federally subsidized public housing, a foster home or is homeless.
- ___ Student is a ward of the state or an orphan.
- ___ Student is enrolled in or eligible for the National School Lunch Program (NSLP).

Head of Household Signature **Date**