

**Please complete this entire form & return with a COMPLETED Family Income Info Form by
September 30, 2017**

GOODE

SARAH E. GOODE STEM ACADEMY

I, _____, parent (or legal guardian) of the student, _____, with date of birth _____, hereby request a Student Activity Fee waiver consideration for the **2017-2018** school year, for the period of 9/6/17 to 6/30/18 because I am unable to pay said fees.

FAMILY INFORMATION

Family Size: _____	Adults (over 18) _____	Children (under 18) _____
Family income from <u>ALL</u> sources:	Source 1: _____	Income: \$ _____
	Source 2: _____	Income: \$ _____
Number of children currently in school _____	Number of children eligible for free breakfast or free lunch program _____	Number of children eligible for reduced breakfast or reduced lunch program _____
Any factors or expenses temporarily affecting family income: _____ _____		
Other (explain inability to pay fees): _____ _____		

I certify that the above statements are true and correct:

Signature: _____ Date: _____

Address: _____

Printed Name: _____ Phone: _____

For Office Use Only

FIF Form Complete _____ Approved (F/R) _____ Amount Eligible \$ _____ Denied _____

Annando Rodriguez
Principal

2017/18 SY

Rufino Bustos
Assistant Principal