

DANBURY SCHOOLS
Waiver of Student Instructional Fees

If you are currently receiving funds from Aid to Dependent Children (ADC) or Ohio's Disability Assistance Program, you are eligible for a waiver for any fees associated with participation in a course of study. (This waiver does not apply for fees charged for participation in extracurricular activities, fines, field trips (non-curricular), school pictures, driver's education, parking fees, or lunch charges.) Please complete this application if you believe your child or children are eligible for a waiver of fees.

I, _____, _____, _____
(Parent/Guardian Name) (Street Address) (City)

have the following child or children attending a school in the Danbury School District. (Please provide the name of each child you have in school for whom you receive disability funds.)

_____	_____	_____
(Child's Name)	(Grade)	(School)
_____	_____	_____
(Child's Name)	(Grade)	(School)
_____	_____	_____
(Child's Name)	(Grade)	(School)
_____	_____	_____
(Child's Name)	(Grade)	(School)

_____ I currently receive assistance from ADC: **ADC Case Number:** _____

_____ I currently receive funds from the State's Disability Assistance Program:
Case Number: _____

Please attach documentation that shows your child is currently receiving ADC/DA. An application will not be approved without one of the documentation listed below:

- . ADC/DA approval letter from the Department of Human Services
- . Ohio Medicaid Card
- . "Individual Eligibility History" from the Department of Human Services
- . DC/DA benefit certification of payments

I voluntarily disclose the above information to enable the school district to determine eligibility for this waiver. My signature below certifies that all information is true and correct, and that I understand school officials may verify the information on the application.

Signature of Parent or Guardian

Telephone Number

Date

