

Lakewood Local Schools
Hebron, Ohio 43025

WAIVER OF SCHOOL FEES
COMPLETE ONLY IF YOU ARE A RECIPIENT OF OHIO WORKS FIRST (R.C.5107)
OR DISABILITY ASSISTANCE (R.C. 5115)

Dear Parent:

If your child or children are currently recipients who qualify for aid under Ohio Works First or Disability Assistance, they are eligible for a waiver for any fees associated with participation in a course of study. (The waiver shall not apply for fees charged for participation in pupil enrichment programs, co-curricular, or extra-curricular activities.)

This form must be completed and returned to your child's school by October 2, 2008.

I voluntarily disclose the following information to enable the school district to determine eligibility for this waiver.

I, _____, (parent/guardian) believe my child or children listed below qualifies for waiver of school fees. (Please provide the name of each child you have in school whom you believe qualifies for the waiver.)

_____ Student's Full Name	_____ Building	_____ Grade
_____ Student's Full Name	_____ Building	_____ Grade
_____ Student's Full Name	_____ Building	_____ Grade
_____ Student's Full Name	_____ Building	_____ Grade

_____ Recipient who qualifies under Ohio Works First (R.C. 5107):
Case Number(s) _____
(case number must be provided to determine eligibility)

_____ Recipient who qualifies under Disability Assistance (R.C. 5115):
Case Number(s) _____
(case number must be provided to determine eligibility)

_____ Parent/Guardian Name (Print)		_____ Phone Number	
_____ Street	_____ PO Box	_____ City	_____ OH Zip

_____ Signature of Parent/Guardian	_____ Parent/Guardian Social Security Number	_____ Date
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INCOMPLETE FORMS WILL NOT BE PROCESSED.

OFFICE USE ONLY

_____ Approved
_____ Denied
_____ Date Letter Sent