

Anchorage School District  
**Fee waiver application 2014–15**

Student name \_\_\_\_\_ Grade \_\_\_\_\_

Student ID# \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

I certify the financial information listed below is correct and agree to provide verification if asked by the school administration. The school administrator will review your application and determine eligibility.

**Confidentiality:** The information provided on this completed application is strictly confidential. Personal