

Pickerington Schools Financially Disadvantaged Student Fees Application

Applicant / Family Last Name: _____ Date: _____ Academic/School Fees Extracurricular/Athletic Fees
 Address: _____ Zip Code: _____ Phone (day): _____ (evening): _____
 Email Address for Correspondence: _____
 Total # in Household: _____ (*Household includes ALL individuals living in the same home regardless of relation to applicant*)

List the **full** names of all students in the household applying for reduced academic and/or extracurricular participation fees.

STUDENT	GRADE	SCHOOL	ACTIVITIES (list all potential sports, music/arts or clubs)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE ATTACH COPIES OF ALL REQUIRED DOCUMENTS BELOW:

*YOU MUST PROVIDE YOUR OWN COPIES. DO NOT SUBMIT ORIGINALS.
 Required to verify residency, legal custody and income.*

- Driver's license or State ID showing current address of parent/legal guardian of student(s)
- Current lease agreement/mortgage of apartment, house, or other residence of household
- Court order, divorce/separation decree, shared parenting plan, grandparent power of attorney, grandparent caretaker affidavit, or other document designating legal custody of student(s)*
- Most recent federal tax return (Form 1040) for **each** household member earning income
- DHS/Food Stamps report or letter
- Two current pay stubs or a letter from current employer attesting to total annual compensation of each household member earning income
- Most recent W-2 for **each** household member earning income
- Social Security/Pension Report
- Other documents that show the current financial status of your household

**If you are the biological AND custodial parent of the student(s) and have never been married, please attest to the following: I, _____, am the biological _____ of _____. I have never been married to the biological _____. I do / do not (circle one) receive child support.*

TOTAL MONTHLY HOUSEHOLD INCOME:

Provide the total monthly income for ALL household members who earn income or receive any form of financial assistance.

- \$_____ Wages (before taxes)
- \$_____ Child Support/Spousal Support
- \$_____ Social Security
- \$_____ DHS/ Food Stamps
- \$_____ Pension
- \$_____ Unemployment
- \$_____ Other income or financial assistance from sources not previously listed
- \$_____ **TOTAL MONTHLY Household Income**

Deliberate misrepresentation of information on this form subjects the applicant to prosecution under applicable state and federal statutes and will result in revocation of all future fee waivers. Any changes in the above information must be reported immediately. Failure to submit all necessary documentation by the due date may cause a delay or denial of the application.

My signature certifies that all of the above information is true and correct. **Parent / Guardian:** _____ **Date:** _____

Return application to **Pickerington Local School District, Director of Student Activities, 90 N East Street, Pickerington, OH 43147.**

FOR OFFICE USE ONLY: APPROVED: _____ DENIED: _____ COMMENTS: _____