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www.wfbschools.com

Ben Irwin

DIRECTOR OF BUSINESS SERVICES

Fee Waiver Application

Please list name, grade, and school for whom the application is being made.

Child's Name (Last, First)	Grade	School

Household Members & Household Income

Please list all other household members, related or unrelated, who live in your household and share living expenses or meals. Include their social security numbers.

Name	Social Security #

Household Income Worksheet

Include ALL sources of monthly income (wages, pension, retirement, social security, disability, unemployment, child support, self employment income, public assistance) BEFORE deductions. Do not include any income earned by children listed above.

Source	Total Per Month
Wages, salary	
Social Security	
Public Assistance	
Unemployment	
Child Support	
Pension or Retirement	
Other	
Total Monthly Income	

PLEASE ATTACH A COPY OF LAST YEAR'S TAX FORMS

Applications without last year's tax forms will be returned

I hereby certify that all of the above information is true and correct and that school officials may request verification of information provided on this application.

Printed Name _____

Signature _____

Date _____

For School Use Only:

- Approved
- Denied
- Reason _____

Determining Official: _____

Date: _____