



*Building Bridges to the Future*

# Request for Fee Assistance

Complete and return to School Counseling Department

Date	
Student Name	
School Year/Semester	
List Fees to be reduced	
Reason	
Parent/Guardian Signature	
	Office Use Only
Counselor signature	
Administrator signature	
District Office signature	
Additional Information	
Approved	<input type="checkbox"/> YES <input type="checkbox"/> NO