A TRADITION OF EXCELLENCE FOR ALL



SCHOOL ADMINISTRATION BUILDING

915 Court Street Post Office Box 2497 Lynchburg, Virginia 24505-2497

TO: LCS Students

Parents/Guardians of LCS High School Students

FROM: LaTonya Brown, Director of Student Services

Dashia Womack, Student Services Supervisor

DATE: September 17, 2020

RE: Fee Waiver Form

Lynchburg City Schools will be using an internal form beginning this school year to determine eligibility for all fee waivers. To apply for a fee waiver, one fee waiver form per household must be submitted. Please ensure that you sign the form and return it to either the EC Glass High School or Heritage High School Counseling Office.

If you are determined eligible, this one form will also give the school permission for your child to receive fee waivers for all programs they are eligible for and no additional form will be needed. Examples of these programs include: Class Materials/Equipment, Extracurricular/Athletic Fees, ACT Testing, College Board testing, i.e. PSAT/SAT/AP, Driver's Education, and College Applications.

A form that is not complete cannot be approved. A form that is not signed is not complete.

The information provided on this internal form to determine eligibility for fee waivers is confidential and will only be used for the purpose stated in the form. All forms will be kept in the School Counseling Office under the supervision of the Directors of School Counseling.

APPEAL PROCESS:

If you do not agree with the decision or results of verification, you may discuss it with the School Counseling Director at your base school (ECG/HHS). If you wish to appeal the final decision of the School Counseling Director, you can request a meeting with Dashia Womack, Student Services Supervisor at (434) 515-5035.

If you need help filling out the fee waiver form, please contact either one of the School Counseling Departments.

E. C. Glass High School Tracy Miller-Goode, Director 2111 Memorial Avenue Lynchburg, VA 24501 (434) 515-5370 Heritage High School Sarada Hester, Director 3101 Wards Ferry Road Lynchburg, VA 24502 (434) 515-5400



LYNCHBURG CITY SCHOOLS

FEE WAIVER FORM

Complete ONE APPLICATION per household. Please use a pen (not a pencil).

If determined eligible, by checking this box you are granting permission for all applicable waivers.

SNAP or TANF HOUSEHOLDS	A G E	SCHOOL ATTENDING	GRADE Student	FOSTER CHILD If the student	List GROSS INCOME before any deductions. Write in HOW OFTEN income is received. Use the following: (W) = Weekly (2W) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly							
List only the children in Lynchburg City Schools. Write the name and case number of the household member receiving the					Earnings from	n Work Before ctions	- Lvery 2 Weeks (Ziii)	- Twice a Month	(m) - monuny			
benefit in the spaces below. Income information is not required for SNAP or TANF Households.		Student Only	Only	is a Foster Child who is the	Unemployment, Workers Compensation or Net Earnings from Self-owned		Child Support, Welfare,	Pensions, Retirement, Social	All Other Income			
ALL OTHER HOUSEHOLDS				legal responsibility	Business or Farm		Alimony \$ Amount / How	Security	* * * * * * * * * *			
List all household members & income (including you).				of the courts, check the box	Job 1 Gross Payment	Job 2 Gross Payment	Often	\$ Amount / How Often	\$ Amount / How Often			
(LAST NAME, FIRST NAME, M.I.)				below	\$ Amount / How Often	\$ Amount / How Often						
1.												
2.												
3.												
4.												
5.												
6.												
0.												
7.												
Total Household Members	(Ch	ildren an	d Adult	s)								
NAME OF SNAP or TANF RECIPIENT:					SNA		I .					
7-12 digit number found on NOTICE OF ACTION												
SIGNATURE AND SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box if they do not have one, before the application can be approved (Before signing, read the privacy and civil rights statements on the Instructions Page). I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that												
school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under state and federal laws.												
XXX-XX-												
Last 4 Digits of Social Security # of Adult S	Signing	Application			SIGNATI	URE OF ADULT H	OUSEHOLD MEMBI	ER DAT	E			
								Home	Phone:			
rint Name Mailing Address				City, State, Zip Code Work Phone:								
For Office Use Only – Do Not Write Below This Line												
Eligibility Determination: Approved Denied Income Too High Incomplete Date Approval/Denial Notice Sent to Parent/Guardian												
Eligibility Determination:	ed	□ Denied	□ Inco	ome Too High	□ Incomplete	e Date Approval/D	enial Notice Sent to F	arent/Guardian				



INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FEE WAIVER FORM

If you are determined to be eligible, you will receive all fee waivers that are applicable. This is an LCS internal form and not a Federal Government Form. To apply for a fee waiver, complete one application per household, using the following instructions. Sign the form and return it to EC Glass High School or Heritage High School Counseling Office. Call the School Counseling office if you need help. A NEW APPLICATION MUST BE FILLED OUT AND RETURNED EACH SCHOOL YEAR.

PLEASE SUBMIT THIS FORM AS SOON AS POSSIBLE OR AT LEAST TWO WEEKS PRIOR TO THE REGISTRATION DEADLINE.

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

If you receive SNAP or TANF benefits, you may not have to complete an application. School officials will notify you of your child(ren)'s eligibility.

SNAP or TANF HOUSEHOLDS

List only the child(ren) in your household who attend Lynchburg City Schools. List the name and case number of the household member, including an adult, who receives SNAP or TANF benefits. The 7-12 digit number is in your approval letter. Do not list other household members or income. Sign the application. No social security number is needed if a SNAP or TANF case number is provided.

FOSTER CHILD - A foster child is the legal responsibility of a welfare agency or court.

If all children in the household are foster children, list all foster children in school. Check the box for each child indicating the child is a foster child. Sign the application. No social security number is needed if all the children in the household are foster children.

If one or more children in the household are foster children and other children in the household are not foster children, list all children in school. Check the "Foster Child" box for each child who is a foster child. Follow the instructions for SNAP or TANF HOUSEHOLDS if any household member, including an adult receives either benefit. Follow the instructions for HOUSEHOLDS WITHOUT A SNAP or TANF NUMBER if no one in the household receives either benefit.

HOUSEHOLDS WITHOUT A SNAP or TANF NUMBER. INCLUDING WIC HOUSEHOLDS

List all members of the household, whether they have income or not. A household member is any child or adult living with you. Include yourself, all children who are in school, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space. Write the amount of income each household member received last month before taxes or anything else is taken out, and how often it was received. For example, list the gross income each person earned from work. The amount should be listed on the pay stub. This is not the same as take home pay; it is the amount before taxes and other deductions. Next to the amount, write how often the person received it. If any amount last month was more or less than usual, write the person's usual income. If a household member has no income, write "0" in the box. However, if left blank that will also count as "0". Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. If you are in the Military and your housing is part of the Privatized Housing Initiative, do not include this housing allowance as income. Any combat pay from deployment is also excluded.

INCOME TO REPORT

Earnings from Work

Wages/Salaries/Tips Strike Benefits Unemployment Compensation Worker's Compensation Net Income from Self-Owned Business or Farm

Pensions, Retirement, Social Security

Pensions
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

Welfare/Child Support/Alimony

Public Assistance Payments Welfare Payments Alimony/Child Support Payments

Other Income

Disability Benefits
Cash Withdrawn from Savings
Interest/Dividends
Income from Estates, Trusts,
Investments
Regular Contributions from Persons Not
Living in the Household
Net Royalties/Annuities/Rental Income
Any Other Income

EXAMPLE	AGE	List GROSS INCOME before any deductions in whole dollars. Write in HOW OFTEN income is received using the following codes: (W) = Weekly (2W) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly,										
ALL OTHER HOUSEHOLDS List all household members & income (including you). (LAST NAME, FIRST NAME, M.I.)		Earnings from Work Wages, Salaries, Tips, Strike Be Compensation or I Self-owned Bus Job 1 \$ Amount/How Often	enefits, Unemployment, Workers Net Earnings from	Child Support, Welfare, Alimony \$ Amount/ <u>How Often</u>	Pensions, Retirement, Social Security \$ Amount/How Often	All Other Income \$ Amount/ <u>How</u> <u>Often</u>						
1. (Example) Smith, Jane	32	\$1,800 /2M	\$ /	\$ /	\$ /	\$ /						

HOMELESS, MIGRANT OR RUNAWAY CHILD: Check the appropriate box and contact your school to talk with the homeless, migrant or runaway coordinator. Fill out the application according to the instructions for Households without SNAP or TANF number.

OTHER BENEFITS: You may be eligible for other benefits. Refer to the meal application. To obtain meal benefits, you are not required to complete this section. SIGNATURE AND SOCIAL SECURITY NUMBER: An adult household member must sign the application and provide the last four digits of their Social Security Number. If the adult signer does not have a social security number, he/she must check the box \Box I Do Not Have a Social Security Number. A social security number is not required if your application includes only a foster child or foster children, or if you report a SNAP or TANF case number.