



Community Leaders Advocating Student Success, Inc.  
(C.L.A.S.S.) Hardship Fee Waiver Request for Act 240

*Please print legibly*

Name of School \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
*Please print: (first) (middle) (last)*

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ NOLA \_\_\_\_\_  
*house # and street if applicable zip code*

Parent's Name: \_\_\_\_\_ Circle one: Mr. Mrs. Ms.  
*please print legibly*

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*area code*

I, \_\_\_\_\_, the parent/guardian of the above-listed student, hereby requests  
*parent or guardian signature here*

that C.L.A.S.S. waive, reduce, or put on a payment plan the school fee(s). I further state in support of this waiver request, that the following is true and accurate as it applies to my household.

**Instructions:** Please **CIRCLE** all that applies to your household.  
**PROOF OF ELIGIBILITY MUST BE PROVIDED.**

I am receiving unemployment benefits. I am receiving Temporary Assistance for Needy Families.

I am receiving Supplemental Security Income (SSI). I am receiving Medicaid.

The student is in foster care or parent/guardian is caring for foster children. I am homeless.

I am serving in or have served within the previous year, active military service.

Please indicate what you are requesting:  
Place a checkmark in front of your request.

\_\_\_\_\_ Waiver of Fee(s)

\_\_\_\_\_ Reduction of Fee(s)

\_\_\_\_\_ Payment Plan

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

*please print your child's first and last names*

**Special Circumstances/Economic Hardship:** My Family has experience a significant loss of income due to severe illness, injury to a member of the family, or others. *Please explain the circumstances or loss, attaching documentation, such as doctor's notes, accident report, etc.*

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*Parents/guardians are advised that supplying false information to obtain a fee waiver will result in a denial of such request.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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*For School Use Only*

Application Completed Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved or Denied Reason:

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School Official's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_