

Textbook Fee Application

Student's Name(s) _____

Parent or Guardian _____

Mailing Address _____ Phone _____

Names and Ages of all children in the family

Total Family Members _____

Total family income before deductions including wages, welfare payments, pensions, social security, child support, and all other income.

Yearly _____, or Monthly _____, or Weekly _____

I certify that the information provided is true, recognizing that false information may jeopardize all school benefits to which I might otherwise be entitled.

Signature _____

Payment Schedule – If your application for free textbooks is denied, you may pay installments until the amount due is paid. Indicate monthly payments that would be made –

\$ _____

For Office Use Only:

Application Approved _____ Application Disapproved _____

Reason _____

Parents notified of Action/Date _____ Via US Mail _____ School Mail _____

A summary of any parent conference should be included on the back.