



WISCONSIN RAPIDS PUBLIC SCHOOLS
 510 Peach Street
 Wisconsin Rapids, WI 54494

**STUDENT BOOK AND MATERIAL FEE
 REQUEST FOR WAIVER/PAYMENT PLAN**

FOR SCHOOL YEAR: 20-21 21-22 22-23 23-24 24-25 25-26
(Circle One)

STUDENT NAME: _____ **FEE AMOUNT: \$** _____

ID # _____ **GRADE** *(Circle One)*: K 1 2 3 4 5 6 7 8 9 10 11 12

School Attending *(Circle One)*:

Grant Grove Howe Mead THINK Washington Woodside
 WR Middle Lincoln High School River Cities

REQUESTING *(Please check one)*:

WAIVER of FEE **PAYMENT PLAN** of \$ _____ Per Month

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE: _____

REASON FOR REQUEST: _____

Qualifies for EHCY per McKinney Vento Act

↳ *(Submit Form to EHCY Coordinator for Approval if Box is Checked)*

Approved by: _____

EHCY Coordinator

Parent/Guardian Signature

Date

For Office Use Only

Approved

Not Approved

By Building Administrator: _____ DATE: _____

