

Littlerock High School

Fee Waiver Request Form 2011 - 2012

Student Name: _____ Date of Birth: _____

ID #: _____ Grade: _____ Tag Room #/Teacher: _____
 Circle test(s) for which fee waiver(s) is/are being requested:

SAT Reasoning SAT Subject Tests ACT College Application _____
Name of College

Student will apply: ___Online ___By Mail

Family Unit Size: _____ Yearly Income: _____

Indicators of Economic Need:

(Please check all that apply)

- ___ Student currently participates in the free/reduced lunch program
- ___ Family is on public assistance
- ___ Student is on public assistance
- ___ Family lives in a federal housing project
- ___ Student lives in a foster home
- ___ I have not applied for free/reduced lunch, but usually am eligible when I do apply
- ___ To the best of my knowledge, family is at or below Bureau of Labor Statistics as noted below:

Number of Children Or Other Dependants	Total Family Income	
	SAT	ACT
1	\$20,147	\$20,147
2	\$27,214	\$27,214
3	\$34,281	\$34,281
4	\$41,348	\$41,348
5	\$48,415	\$48,415
6	\$55,482	\$55,482

More than 6 add \$6,919 for each additional person in family for SAT.
 More than 6 add \$7,067 for each additional person in family for ACT.

Parent signature verifying information: _____

Student signature: _____

DO NOT MAIL THIS FORM. RETURN THIS FORM TO THE GUIDANCE OFFICE TO RECEIVE A FEE WAIVER CARD TO MAIL WITH YOUR REGISTRATION FORM.

***** See back of form for instructions *****