

**PHILOMATH SUMMER SESSION TUITION WAIVER
(PARTIAL PAYMENT) REQUEST
Summer 2018**

Name of Student _____ 2017 – 2018 Grade level _____

Student Email _____ Student phone # _____

Parent Name _____ Parent phone # _____

Parent Email _____

(Email and phone numbers will only be used for contact relating to the waiver)

- High School Waiver amount is \$75 —*amount you pay is \$75 per half credit*
- Middle School Math Waiver amount is \$17.50 - Amount you pay is \$17.50
- Middle School Science Waiver is \$25 (Science) - amount you pay is \$25.
- Elementary School Waiver amount is \$37.50—*amount you pay is \$37.50*

Father's place of employment _____ Mother's _____

Check any criteria that applies:

- Qualifies for free/reduced lunch program (will be verified)
- Single parent No parents Foster home
- Living with handicapped parent
- Other special circumstances (*please describe below*):**

**This form must be accompanied by the appropriate fee
No later than Wednesday, June 20, 2018.**

**Make Check payable to Philomath School District
Please return this form and tuition to:**

**Philomath School District Office,
1620 Applegate Street
Philomath OR 97370**

**Office Hours:
Mon – Fri
8 am – 4 pm**

Parent Signature

Date