

2024 - 2025  
ANCHORAGE SCHOOL DISTRICT  
Fee Waiver Application

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student ID# \_\_\_\_\_

Parent Signature \_\_\_\_\_ **SIGNATURE NOT REQUIRED** Date \_\_\_\_\_

I certify that the financial information listed below is correct and agree to provide verification if asked by the school administration. The school administrator will review your application and determine eligibility.

**Confidentiality: The information provided on this completed application is strictly confidential. Personal income information is not shared.**

Family Size: \_\_\_\_\_ **NOT REQUIRED**

Family Income: \_\_\_\_\_ **NOT REQUIRED**

Family Address: \_\_\_\_\_ **NOT REQUIRED**

\_\_\_\_\_  
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\_\_\_\_\_

OFFICE USE ONLY

- ☐ Verified EDS information
- ☐ Approved by Principal
- ☐ Denied by Principal

Activity Clerk Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_