



PHILOMATH SUMMER SESSION TUITION WAIVER
(PARTIAL PAYMENT) REQUEST
Summer 2019

Name of Student _____ 2018 – 2019 Grade level _____

Student Email _____ Student phone # _____

Parent Name _____ Parent phone # _____

Parent Email _____

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

- Elementary School Waiver \$37.50 —amount you pay is 37.50
- Middle School Waiver \$50 - Amount you pay is \$ 50
- High School Waiver \$75—Amount you pay is \$75 per half-credit

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 and appropriate tuition fee must be accompanied returned to the:

Philomath School District Office,
1620 Applegate Street
Philomath OR 97370

No later than Wednesday, June 19, 2019.

Make Check payable to:
Philomath School District

Office Hours:
Mon – Fri
8 am – 4 pm

Parent Signature

Date