

MARIETTA CITY SCHOOLS  
WAIVER OF SCHOOL FEES  
2008-2009 School Year

Dear Parent:

If you are currently receiving funds from Ohio Works First (formally ADC, Aid to Dependent Children), Ohio's Disability Assistance Program, or the Social Security Administration (SSA) for a disability, you are eligible for a waiver for any fees associated with instruction in a course of study. (The waiver shall not apply for fees charged for participation in co-curricular or extra-curricular activities.)

If you believe you are eligible for this waiver, please complete Section 1 of this form, have your caseworker complete Section 2, and return it to the building principal promptly. If you have any questions, contact your building principal.

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**SECTION 1**

I, \_\_\_\_\_ believe my child(ren) qualifies for waiver of fees. Please provide the name of each child you have in school for whom you receive funds.

_____	_____
Name	School
_____	_____
Name	School
_____	_____
Name	School
Parent's Signature	_____

.....  
**SECTION 2 MUST BE COMPLETED BY THE SOCIAL SECURITY OFFICE FOR FAMILIES ON DISABILITY OR BY THE DEPT. OF HUMAN SERVICES FOR FAMILIES RECEIVING OWF (ADC) FOR THEIR CHILDREN.**

**SECTION 2**

I verify the children named above qualify for the waiver of fees from enrollment in the Marietta City Schools course of study.

OWF Case Number \_\_\_\_\_  
State's Disability Assistance Program Case Number \_\_\_\_\_  
Parent's SSN \_\_\_\_\_ Child(ren)'s SSN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Parent Started Receiving Benefits \_\_\_\_\_  
Caseworker's Signature Social Security Office \_\_\_\_\_  
Caseworker's Signature Dept. of Human Services \_\_\_\_\_  
Date \_\_\_\_\_

