

ASHE COUNTY SCHOOLS

ASHE COUNTY SCHOOLS APPLICATION FOR WAIVER OF STUDENT CHROMEBOOK DEVICE USAGE FEE

1. I hereby request that my child _____
a student at _____ receive a waiver of his student chromebook
device usage fee. I understand that this waiver will not cover
2. Number of family members residing in household _____
3. Total gross family income before deductions of all family members (include welfare
Payments, wages of all working members, pensions, social security and
Other income)
Monthly Income \$ _____ OR Yearly Income \$ _____
4. I certify that the above information is true and correct.
5. Attach a written letter explaining your current circumstances and reasons for requesting this
waiver.

Signature of Parent or Guardian Date

(School Use Only)

I hereby stipulate that the above named student is entitled to the waiver of fees and/or charges as listed
on fee schedule. Total amount of fees waived \$ 20.00 Elementary /\$30.00 Middle & High School

Approved _____
Signature of Principal or Designee Date

I hereby determine that the above named student is not eligible for wavier of fees because

Request Denied _____
Signature of Principal or Designee Date

As specified in the *Fee Waiver Policy*, the family may appeal the decision as stated in Board Policy
governing General and Students Fees.

Note: This application for waiver of student fees shall be filed within five (5) days after the opening of school.
