

**ADOPTED FEE SCHEDULE**  
Washington Elementary School District  
2017-2018 School Year  
Approved by the Governing Board on June 22, 2017

Arizona Revised Statute 15-342.24 authorizes the Governing Board to assess reasonable fees for optional extracurricular activities and programs conducted when school is not in session, except that no fees shall be charged for pupils' access to or use of computers or related materials. These fees shall not exceed the actual costs of the activities, programs, services, equipment or materials.

**Extra-Curricular Activities** (*optional, non-credit, educational activities which supplement the education program of the school*)

Minimum Fee	\$ 1.00
Maximum Fee	\$25.00

*(For activities which exceed the maximum fee of \$25, the fee to students shall not exceed the actual cost of the activity.)*

**Athletic Participation Fees** (per sport)

K-6 Teams	\$15.00
7-8 Teams	\$25.00

*(If a 5<sup>th</sup> or 6<sup>th</sup> grade student participates on a 7-8 team, they must pay the 7-8 participation fee.)*

**Instrument Rental Fee** (per school year)      \$20.00

**Student Activity Card/Sticker** (not to exceed) \$10.00  
*(Payment of this fee allows student admission to school athletic events requiring admission fees.)*

<b>ID Replacement Card</b>	\$ 5.00
<b>Lanyard</b>	\$ 0.50
<b>ID Pouch</b>	\$ 0.50

**PE Lock Replacement**      \$ 5.00

Principals are authorized to waive all or part of any assessed fees if the fee creates economic hardship for a pupil. Please contact the office at your child's school if payment of assessed fees might create a hardship for your family.



**Washington Elementary School District #6  
Fee Waiver Application  
2017/2018**

Student Name \_\_\_\_\_ ID Number \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Household Size \_\_\_\_\_ Income \_\_\_\_\_

The following Income Chart will be used to determine your family's eligibility for assistance in paying student fees.

**Income Chart**

<u>Household Size</u>	<u>Annual</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$22,311	\$1,860	\$430
2	\$30,044	\$2,504	\$578
3	\$37,777	\$3,149	\$727
4	\$45,510	\$3,793	\$876
5	\$53,243	\$4,437	\$1,024
6	\$60,976	\$5,082	\$1,173
7	\$68,709	\$5,726	\$1,322
8	\$76,442	\$6,371	\$1,471
For each additional family member add	+\$7,733	+\$645	+\$149

If your household income is at or below the amount(s) on the income chart, you may receive an 80% waiver of fees. At the discretion of the principal, the entire fee may be waived.

If you qualify for a waiver of fees, complete this application and submit it to the school office along with written proof of your income level.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

THE INFORMATION YOU PROVIDE WILL BE USED ONLY TO VERIFY ELIGIBILITY FOR FINANCIAL ASSISTANCE.  
THE INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL.



**Distrito Escolar Washington #6**  
**Petición para Exoneración de Estipendio**  
**2017/2018**

Estudiante \_\_\_\_\_ # de Identificación \_\_\_\_\_ Escuela \_\_\_\_\_

Dirección \_\_\_\_\_  
\_\_\_\_\_

Número de personas en la familia \_\_\_\_\_ Ingresos \_\_\_\_\_

La siguiente Lista de Ingresos se utilizará para determinar la elegibilidad para asistencia en pagar los estipendios estudiantiles.

**Lista de Ingresos**

<u># de Personas/Casa</u>	<u>Anual</u>	<u>Mensual</u>	<u>Semanal</u>
1	\$22,311	\$1,860	\$430
2	\$30,044	\$2,504	\$578
3	\$37,777	\$3,149	\$727
4	\$45,510	\$3,793	\$876
5	\$53,243	\$4,437	\$1,024
6	\$60,976	\$5,082	\$1,173
7	\$68,709	\$5,726	\$1,322
8	\$76,442	\$6,371	\$1,471
Agrega por cada miembro adicional de la familia	+\$7,733	+\$645	+\$149

Si sus ingresos son menos de las cantidades en la lista, pudiesen recibir un 80% de descuento en los estipendios. A la discreción del director, el estipendio total pudiese ser exonerado.

Si califican para una exoneración de estipendios, favor de completar y someter esta petición a la oficina de la escuela junto con copias de una prueba de sus ingresos.

\_\_\_\_\_  
Firma de uno de los Padres o Guardián

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Director(a)

\_\_\_\_\_  
Fecha

LA INFORMACIÓN PROVISTA SE USARÁ ÚNICAMENTE PARA VERIFICAR LA ELEGIBILIDAD PARA ASISTENCIA FINANCIERA.