

Union Scioto Schools
1565 Egypt Pike
Chillicothe, Ohio 45601

WAIVER OF SCHOOL FEES

Dear Parent:

If you are currently receiving funds from Aid to Dependent Children (ADC), 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 participation 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 this form and return it promptly to the school office your student attends. Please contact that office if you have any questions.

I, _____, (parent or guardian) believe my child will be eligible for this waiver.

(Please provide the name of each child you have in school for whom you receive disability funds)

(Name)

(Name)

(Name)

I voluntarily disclose the following information to enable the school district to determine eligibility for the waiver.

- I currently receive assistance from ADC:
ADC Case Number _____
- I currently receive funds from the State's Disability Assistance Program:
Case Number _____
- I currently receive funds from the Social Security Administration for
_____ a disability _____ my child's disability
Parent's Social Security Number _____
Child's Social Security Number _____

Signature of Parent or Guardian _____

Principal's initials _____ Date: _____

**WE MUST HAVE A COPY OF YOUR CURRENT CASE CARD
WITH DATE ON IT**