

El Paso Independent School District

Application for Waiver of Payment of Deposit or Fees

School _____ Date _____

Name of Student _____ Grade _____

Name of Parent or Legal Guardian _____

Home Address _____

Home Telephone Number _____

Place of Employment _____

Employment Address _____

Work Telephone _____

I request that the fees and deposits for _____ (specify type) required by the El Paso Independent School District of the above named student be waived for the _____ school year for the following reasons:

Signature of Parent
or Legal Guardian

FOR SCHOOL USE ONLY

Date _____ action taken on this request:

Approved

Denied

Principal