Lassen Expanded Learning Program
Lassen County Office of Education
472-013 Johnstonville Road, Susanville, CA 96130
LASSEN



Date Form Received at Site:
Program Leaders Initials:
Date Form Received in Office:
Office Staff Initials:
Student/Family ID #:

beginning of the school year. Parent will be responsible for full amount of monthly fee per 2018-2019 fee schedule, until completed <i>Fee Adjustment Request Form</i> has been submitted to the Lassen Expanded Learning Staff with proof of income. Adjusted fee rates are good for one school year. All adjustments will be reviewed annually. To be completed by LCOE: (# of Children attending			WWW.LASSENAFTERSCHOOL.ORG	Office Chaff Tails	l
All information must be completed before request will be considered. Please Print All Information Clearly Parent Full Name: Mailing Address: City, State, Zip Full Name of ALL Students Living In Household: Full Name o	Fee Adjustm	ent Request Form 2	2018-2019		
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Full Name of ALL Students Living In Household: Grade Fall 2017 Expanded Learning? Grade Enrolled	City, State, Zip				
 ◆ Current Income Information: ("ALL" household income must be listed) Monthly Amount: Source: - Verification required before request will be considered — Submit copy of one of the following: Pay stub or other documentation of income. Fee reduction will be denied if verification is not attached. Reason for Request: - I am able to pay monthly fees of \$			Grade		
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Date:

Signature Program Manager

Name: