

Lassen Expanded Learning Program

Lassen County Office of Education
 472-013 Johnstonville Road, Susanville, CA 96130
 (530) 251-8711



Date Form Received at Site: _____

Program Leaders Initials: _____

Date Form Received in Office: _____

Office Staff Initials: _____

Student/Family ID #: _____

Fee Adjustment Request Form 2018-2019

All information must be completed before request will be considered.

Please Print All Information Clearly

Parent Full Name: _____

Mailing Address: _____

City, State, Zip _____ Phone: _____

Full Name of ALL Students Living In Household:	Grade Fall 2017	Is student currently enrolled in McKinley Expanded Learning?	Grade Enrolled

◆ **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 \$ _____**

 Parent/Guardian Signature Date

- ◆ Return completed form to McKinley Expanded Learning Staff or mail to the LCOE.
- ◆ Fee adjustment may begin the month form is approved by LCOE, fee adjustment **will not be retroactive** to the beginning of the school year. Parent will be responsible for full amount of monthly fee per 2018-2019 fee schedule, until completed *Fee Adjustment Request Form* 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 _____)

- Your request has been granted.
- Your request cannot be granted at this time.
- Scholarship provided by: _____
- Your monthly fee will be: \$ _____ per family; \$ _____ per student(s)

◆ This adjusted fee amount will begin with the month of: _____

Name: _____ Date: _____

Signature Program Manager