

# Lake Oswego School District

## Instructions for Completing “2023-24 Request for Fee Waiver or Reduction” Form

Requests for resident fee waivers or fee reductions, except for the National School Lunch Program (NSLP) and Oregon Expanded Income Guidelines (OEIG) for school meals, will be processed using the attached form. Please complete the form and submit it to the following:

*All Schools* – please submit to your designated school

*Community School<sup>1</sup>* – please submit to Kim Wagner at [wagnerk@loswego.k12.or.us](mailto:wagnerk@loswego.k12.or.us)

*Food Service* – please contact Food Services at 503-534-2361 for the NSLP or OEIG fee waiver form(s)

*Elementary School before and after school provider* – contact your school’s provider

**Fee waivers<sup>2</sup>** will be awarded to resident households where total monthly income is at or below the levels shown in Table 1. If there are more than six members in your household, contact the district business office for additional guidance at 503-534-2308.

**Table 1**  
**Income Qualifications for Fee Waivers**

Household Size	Monthly Gross Income
1	\$2,096
2	\$2,823
3	\$3,551
4	\$4,279
5	\$5,006
6	\$5,734

**Fee reductions** will be awarded on a sliding income scale according to Table #2 below.

**Table 2**  
**Income Qualifications for Reduced Fees**

Household Size	Fee Reduction Levels Based on Monthly Gross Incomes					
	25%		50%		75%	
	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum
1	\$3,397	\$2,966	\$2,965	\$2,532	\$2,531	\$2,097
2	\$4,577	\$3,993	\$3,992	\$3,409	\$3,408	\$2,824
3	\$5,757	\$5,022	\$5,021	\$4,288	\$4,287	\$3,552
4	\$6,937	\$6,051	\$6,050	\$5,167	\$5,166	\$4,280
5	\$8,117	\$7,079	\$7,078	\$6,044	\$6,043	\$5,007
6	\$9,297	\$8,108	\$8,107	\$6,923	\$6,922	\$5,735

General questions regarding eligibility or fee schedules should be directed to the district business office (503-534-2308). Completed forms may be submitted to your student’s school or to the appropriate department. If greater discretion is desired, forms may be submitted directly to the district’s Business Office.

<sup>1</sup> Fee waiver or reduction does not apply to CS programs operated by outside parties and are subject to other limitations. ([see website](#))

<sup>2</sup> Under conditions of “hardship,” households who do not otherwise qualify under the income limits listed above may be granted fee waivers or reductions. Where you believe that payment of fees would impose a hardship, although you do not qualify under the income limits specified above, you may choose to submit other information documenting the hardship. This information will be considered in determining eligibility for fee waivers.



## Lake Oswego School District 2023-24 Request for Fee Waiver or Reduction

I am requesting a waiver or reduction of a Lake Oswego School District fee based on economic need.

Student for Whom the Fee Reduction is Requested: \_\_\_\_\_

School Where Enrolled: \_\_\_\_\_

Description of Fee and Amount: \_\_\_\_\_

(Please contact Food Services for their separate fee waiver form.)

### **Family Information**

Current Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ Number in Household \_\_\_\_\_

### **Income Source #1**

Household Member's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_

Employer Contact Phone Number: \_\_\_\_\_

### **Income Source #2**

Household Member's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_

Employer Contact Phone Number: \_\_\_\_\_

### **Other Source of Income**

Household Member's Name: \_\_\_\_\_

Source: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_

Source Contact Phone Number: \_\_\_\_\_

Total Monthly Gross Income: \_\_\_\_\_

I certify that the information provided is accurate and complete and a true representation of our household income. I authorize the school district to verify any and all information provided on this form and understand that eligibility for fee reductions may be dependent on this verification.

I also agree to notify the school district within 30 days if there are any changes in the status of our household's gross monthly income levels.

Parent Signature \_\_\_\_\_

Date

Parent Name (Please Print) \_\_\_\_\_

#### **FOR DISTRICT USE ONLY:**

Approved for (description): \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Signature

(6/23)