## **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			(appelfuture) required by the EL Page
Independent School District of the above named st	udent he waived for the		_(specify type) required by the El Paso school year for the following reasons:
madpoint on a control biother or the above harmon or	adont bo warvou for the		_conton year for the following reasons.
		Signature of Parent	
		or Legal Guardian	
***FOR SCHOOL USE ONLY***			
Da	ate	action taken o	on this request:
			Approved
			Denied
			Principal