

107(A) General AP – School Fees – Appendix (Form)

**Prairie Rose Public Schools
School Fee Exemption / Payment Plan Form**

Date: _____

School: _____

Name of Parent / Guardian: _____

<u>Student Name</u>	<u>Grade</u>	<u>Fee Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: _____

Exemption Amount: _____

Reason for Exemption: _____

Financial Documentation Provided: ☐ Yes ☐ No

Payment Plan Option: _____

Applicant's Signature: _____

Chief Financial Officer's Signature: _____