**Field Trip Fee Waiver**

**Please Print**

Student Name:                                                                         ID#:

Parent/Guardian Name:                                                           Phone #:

Address:

Field Trip:

I request that the field trip above be waived and authorize the District to verify that the student listed above is eligible for free and/or reduced lunch.

Signature of Parent/Guardian:                                                   Date:

**Office Use Only:**

□ Approved □ Denied

Signature:                                                                          Date: