



Lake Oswego School District
Request for Fee Waiver or Reduction

COMMUNITY SCHOOL

(1 reduction per form please)

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: **Grade:**

Name of class or sport: **AMOUNT \$:**

Current Address: **City:** **ZIP:**

Home Phone: **Cell Phone:**

①	<p><u>Income Source (including unemployment)</u></p> <p>Household Member's Name: _____</p> <p>Employer: _____</p> <p>Monthly Gross (the amount before deductions) Income: \$ _____</p> <p>Employer Contact Phone Number: _____ Extension _____ Name _____</p>
②	<p><u>Income Source (including unemployment)</u></p> <p>Household Member's Name: _____</p> <p>Employer: _____</p> <p>Monthly Gross (the amount before deductions) Income: \$ _____</p> <p>Employer Contact Phone Number: _____ Extension _____ Name _____</p>
③	<p><u>Other Source of Income</u> <i>(include child support, alimony, social security, disability, retirement, etc.)</i></p> <p>Household Member's Name: _____</p> <p>Source: _____</p> <p>Monthly Gross (the amount before deductions) Income: \$ _____</p> <p>Source Contact Phone Number: _____ Extension _____ Name _____</p>

Number in Household (As listed on your most recent tax return).

Total Monthly Gross Income: \$ = ① + ② + ③

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 is 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/Guardian Signature _____ Date _____

Parent/Guardian Name (Please Print) _____ Phone/Cell Number _____

****PLEASE RETURN TO COMMUNITY SCHOOL ALONG WITH THE REGISTRATION FORM****

NEW ADDRESS: *(Uplands Elementary Building)*

Lake Oswego Community School, 2055 Wembley Park Rd, P O Box 70, Lake Oswego, OR 97034
 or FAX to: (503) 534-2108

FOR DISTRICT USE ONLY:	CURRENT YEARLY BALANCE: \$
Approved By: _____	Date: _____ (7/17)



Lake Oswego School District Community School



Registration Form

Enrichment or Sport Registration (Driver's Ed students register in separate section below):

Table with 6 columns: Student's Name, Class/Camp/Sport, School, Session Date(s), Current Grade, Fee

Shirt Size (if applicable) Youth: [] YS [] YM [] YL Adult: [] AS [] AM [] AL [] AXL

Driver's Education Registration Only: (current price) \$350

Table with 9 columns: Student's Name (First, MI, Last), School Attending, Session Date(s), Grade, Birth Date, Student's Permit #, Expiration Date

We must see a copy of your Oregon Driver's Permit, or a photocopy must be attached. If the student has or obtains a license prior to completing the Driver Education classroom and in-vehicle instruction, you will be charged an additional of \$100 tuition due to no State reimbursement.

Medical Information:

Allergies/Acute or Chronic Conditions/Medications: _____ (List)

Consent for Medical Treatment:

I, the undersigned, for myself and/or as parent/guardian of the above named child, do hereby authorize employees or agents of the Lake Oswego School District to consent to emergency medical, surgical or dental examinations, treatment, etc., to be administered to the same in event of accident or sudden illness during the above event. I hereby release and discharge the Lake Oswego School District Community School, its officers, agents and employees from any and all claims for personal injuries. I further certify that all immunizations are current. The Community School does not provide any medical insurance for any participant in any program offered.

Parent/Guardian _____ Date _____

Parent Information:

Name: _____ EMAIL (REQUIRED) _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Address: _____ City _____ ZIP _____

Payment Information:

VISA/MC/DISC # : [][][][] - [][][][] - [][][][] - [][][][] Expires [][]/[][][]

Cardholder's Name: _____ Signature: _____

Liability and Medical Information:

In consideration of participating in Lake Oswego School District Community School activities, participants acknowledge that they are aware of the nature of the activity, and that there are inherent risks in such activity, and release the Lake Oswego School District Community School from any and all claims for personal injuries. Participants and/or parent/guardian of a registered minor, authorize employees of the Lake Oswego School District Community School to seek medical treatment in the event of an accident or emergency. Photos take during programs may be used for promotional purposes. Payment of fees and participation in the program shall constitute acceptance of this liability, medical and photography release. In addition, I agree that I am responsible for the above participant's transportation to and from the activity site.

NEW ADDRESS: (Uplands Elementary Building)

Lake Oswego Community School, 2055 Wembley Park Rd, P O Box 70, Lake Oswego, OR 97034 or FAX to: (503) 534-2108

IF YOU USE THIS FORM, YOU MUST AGREE TO CREATE A FAMILY ACCOUNT AT: www.losdcommunityschool.com, follow the easy steps on our webpage!