

FRIENDS OF KING SCHOOL DISTRICT

FREE SCHOOL GUARANTEE & FEE POLICY

Friends of King School District Free School Guarantee & Fee Policy guarantees free school, including education, meals, and transportation for all students attending any of their district schools. This guarantee ensures that students enrolling into the district shall not be required to pay any fee, deposit, or other charge not specifically authorized by law. It safeguards that the enrollment of any student assigned to a F.O.K.S District school will not be obstructed or denied due to a student's or student's parents' or guardians' financial inability to pay school fees associated with either the schools, classes, programs or activities. As part of the guarantee, no education record of any student may be withheld or refused to be transferred, as the result of lack of payment of any fine, debt, or other outstanding obligation, pursuant to La. Rev. Stat. Ann. 14:112(C). This policy further assures that any fee deemed necessary by the LEA, hardship fee waiver information, and the appeals process will be communicated to families in the student/ parent handbook and publicized on the school and district websites. The Free School Guarantee & Fee Policy shall be reviewed annually, revised where necessary, and publicized.

FEES

A list of authorized fees, including their purpose, use, amount or authorized ranges, and how each fee is collected, shall be as listed on the **Schedule of Fees (Appendix A)** attached to this policy. Materials and resources provided with Louisiana state and local funds that are an essential part of the basic educational program are at no charge to a student, and will be used efficiently and effectively; however, some additional educational supplies, resources, or activities may be provided for free, rented for a reasonable fee, or sold at cost:

- ~ Furnishing of personal, consumable, or materials for a class project that a student will keep
- ~ Transportation and other identified items connected with courses of instruction, school related social, educational, cultural, athletic, or school band activities
- ~ Security deposits for the return of materials, supplies, or equipment
- ~ Replacement of school issued materials or items including lost, damaged, or overdue schoolbooks, library books, and technology equipment
- ~ Personal physical education and extracurricular activities, including band and athletic apparel and equipment that is used and becomes the property of the student
- ~ Voluntarily purchased publications, pictures, yearbooks, graduation announcements, graduation attire
- ~ Participation in before/after school activities including before and aftercare
- ~ Replacement of school issued documents
- ~ In some cases, online and/or optional courses offered for credit that requires use of facilities not available on district premises



Friends of King School District Fee Waiver Application

Appendix"D

DATE: _____
SCHOOL YEAR: _____

Parent/Guardian Name _____ Home Phone _____
 Relationship _____ Work Phone _____
 Home Address _____ School (Circle One) MLK KHS JAC

 Student Name _____ ID # _____ Grade _____
 Student Name _____ ID # _____ Grade _____
 Student Name _____ ID # _____ Grade _____

I, the parent/guardian of the above listed student(s) hereby request that the The Friends of King School District waive, reduce or put on a payment plan the school fee(s) . I further state in support of this waiver request that the following is true and accurate as it applies to my household.

Please check all that apply. Attach copies of appropriate forms.

- | | |
|---|---|
| <input type="checkbox"/> Verification of Medicaid Eligibility | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Proof of Unemployment | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Miscellaneous Proof of Income | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Experiencing Homelessness | |
| <input type="checkbox"/> Verification of Foster Child Status | |

Names	List everyone in household	Relationship	Age
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Please indicate what you are requesting:

Waiver of Fee(s) Reduction of Fee(s) Payment plan

Special Circumstances/ Economic Hardship: My family has experienced a significant loss of income due to severe illness, injury to a member of the family or other. Please explain circumstance or loss attaching documentation, such as doctor's notes, accident report, etc.

Parents/Guardians are advised that supplying false information to obtain a fee waiver will result in a denial of such request.

Parent/Guardian Signature _____ Date _____

FOR SCHOOL USE ONLY

Application Completed Date _____ Gross Income Total _____
 Prior Years Unpaid Fee Amounts _____
 Approval Yes No Reason _____
 School Official's Signature _____ ID # _____ Date _____



APPEAL OF DENIAL OF FEE WAIVER

To appeal the denial of your application for a fee waiver, complete this form and return it to:

**Ms. Velta Simms
Interim Chief Executive Officer
Friends of King School District
1617 Caffin Avenue
New Orleans, Louisiana
504-940-2243
vsimms@mlknola.org**

Please include additional supporting documentation outlining the reasons your Waiver of Fees should be reevaluated. The documentation can include letters, payroll history, unemployment documentation, tax forms, etc.

Name of Student: _____

ID # _____

School: _____

I, the undersigned parent/guardian of _____,
Name of Student

hereby appeal the school leader's denial of my request that The Friends of King School District waive the school fee(s) for the current school year, base on the data provided and the Louisiana Department of Education guidelines. I request that the Friends of King School District's Chief Executive Officer reconsider my fee waiver request.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Home address (Number, Street, City, State, Zip Code)

Date