Loudoun County Public Schools
Application for Reduction or Waiver of Fees 2025-2026 SY
For Broad Run High School

****UPON COMPLETION, PLEASE SCAN AND EMAIL FORM TO elizabeth.bowen@lcps.org. Thank You!**

The information on this form is *confidential* and will be reviewed by the Principal or Principal's designee at Broad Run High School**.**

I am requesting a waiver or reduction of fees for the following (please checkmark):

___Field Trip (FT name: _____) **___Class Fee** (Class name: _____)

___Cap/Gown ___Yearbook ___Behind the Wheel ___AP Tests ___Virtual Loudoun

_____ Other**–please explain**:** _____

***Amount of reduction or waiver being requested: $_____**

***Reason** for request: **(If you need additional space for justification on this request, you may attach it to this form). Reference Regulation 4020-REG**

_____

_____

_____

Student's Name (Please print)	Student ID	Grade
_____	_____	_____
Home Address (Please print)	City and State	Zip Code
_____	_____	_____

Signature of Parent/Guardian or **Staff: Printed Name of Parent/Guardian or **Staff

_____ _____

**If you are STAFF, please list your position: _____

Reduction of Waiver of Fees. Fees and charges will be reduced or waived for economically disadvantaged students and students whose families or undergoing economic hardships and are unable to pay including, but not limited to, families receiving unemployment benefits or public assistance such as Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, families qualifying for the Free and Reduced Price Meal Program, Supplemental Security Income or Medicaid; foster families caring for children in foster care; or, families that are homeless under the McKinney-Vento Act.

For Office Use Only: **BEGINNING FEE AMOUNT $_____**

Fee status:

Waived ☐ **Reduced By $** _____ **Amount DUE $** _____

Principal Signature:

_____ Date _____

Revised by BRHS 07-07-2025

Email completed form to: elizabeth.bowen@lcps.org