



2023-24 ARTISTIC ENRICHMENT FEE WAIVER APPLICATION

(Return to: Artistic Department dropbox or SCPAArtisticDept@cpsboe.k12.oh.us.)

Note: Applications are processed on a first-come, first-served basis.

(Print Legibly)

Student Name (print): _____ Grade: _____

Student Name (print): _____ Grade: _____

Student Name (print): _____ Grade: _____

Student Name (print): _____ Grade: _____

Student Name (print): _____ Grade: _____

1. Does your child qualify for the CPS Free/Reduced Lunch Program? ___ Yes / ___ No

2. May we review the CPS Free/Reduced Lunch Program for confirmation? ___ Yes / ___ No

Reason for the request? (**Note: Applications that do not explain the reason for the request will automatically be denied. Please use the back of the application if more space is needed for your entry.**)

Parent Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Email Address: _____ Contact No.: _____

Status of request: ___ **Approved** / ___ ***Denied**

*Reason for denial: _____

Maggie Perrino, Artistic Director

Date