



## **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.**)

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Parent Name (print): \_\_\_\_\_ School Year: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_

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Status of request: \_\_\_ **Approved** / \_\_\_ **\*Denied**

\*Reason for denial: \_\_\_\_\_

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Maggie Perrino, Artistic Director

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Date