

STUDENT DEVICE FEE WAIVER REQUEST

Please document this information in the PowerSchool portal.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

The Charlotte-Mecklenburg Board of Education believes that participation in the 1:1 device program promotes positive benefits for students and families and does not want to place any undue burdens on parents/guardians who cannot afford to pay the associated fee for loss or damage.

Student Information				
Name:				
School:				
Parent/Guardian Information	_			
Name:	Phone:			
Email:	_			
Number of siblings in the	e household?			
	for a student device fee waiver?		NO	
is this your mist request.	of a student device fee warver:	ILS	NO	
Parents/guardians who cannot request a waiver should indica provided.	te their reason(s) below and p	rovide a bı	rief explanation in the l	
	nforeseen/excessive family medi	icai expense	!S	
	ee/Reduced lunch			
	hree or more students			
	ecent loss of home and/or job		-	
	eath of student's parent within t		ıdar year.	
□ Ot	ther	_		
Explanation:				
By submitting the above information including free/reduced lunch state waiver request is only for the cu	atus, in reviewing my hardship w			
Parent/Legal Guardian Signat	IIro:		Date:	
i arciit/ Legai duaruian Signat		OOL USE ON		
Administrator Notes/Informat		JOE OSE OI	· LI	
Transmistrator Hotes, imormat				
Waiver Approved:				
Payment Plan:				
Waiver Denied:				
waiver beineu.	Λ	dministrata	r Signature:	
	D	ato:		