



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: _____ Student ID Number: _____

School: _____

Parent/Guardian Information

Name: _____ Phone: _____

Email: _____

Number of siblings in the household? _____

Is this your first request for a student device fee waiver? **YES** **NO**

Parents/guardians who cannot afford the fee or have extenuating circumstances and would like to request a waiver should indicate their reason(s) below and provide a brief explanation in the box provided.

- ☐ Unforeseen/excessive family medical expenses
- ☐ Free/Reduced lunch
- ☐ Three or more students
- ☐ Recent loss of home and/or job
- ☐ Death of student's parent within the last calendar year.
- ☐ Other _____

Explanation: _____

By submitting the above information, I authorize the school district to use this information, including free/reduced lunch status, in reviewing my hardship waiver request. I understand this waiver request is only for the current school year.

Parent/Legal Guardian Signature: _____ **Date:** _____

SCHOOL USE ONLY

Administrator Notes/Information:

Waiver Approved:

Payment Plan:

Waiver Denied:

Administrator Signature: _____

Date: _____