

Fee Waiver Option for School Fees

At Kodiak Island Borough School District, we are committed to ensuring that every student has the opportunity to participate fully in school programs and activities. We recognize that some families may face challenges that could hinder their child's ability to engage in fee-based classes. To support all our KIBSD students and families, we offer a fee waiver option.

Eligibility for Fee Waiver:

- Student must be enrolled in KMS, KHS, or AKTEACH.
- Families experiencing financial hardship can request a fee waiver or a reduced fee arrangement.
- Eligibility may be determined based on documented hardship.
- Gear fees may be waived only at the coach's discretion.

Application Process:

1. Complete the Fee Waiver Application Form available at our school office or on our website.
2. Submit the completed application along with any required supporting documentation (as detailed in the application) to the school office.
3. All applications will be treated with confidentiality and reviewed promptly.

Approval Process:

- The school will notify families of their application status following review of the application.
- Approved waivers may cover partial or full fees depending on the family's demonstrated need.

Commitment to Privacy:

- All financial information provided will be kept confidential and used solely for the purpose of determining fee waiver eligibility.

For any questions or additional information, please contact appropriate school office at:

907-486-7400 (Kodiak High School) | 907-486-7460 (Kodiak Middle School)

907-486-7544 (AKTEACH)

Kodiak Island Borough School District Fee Waiver Request Form

1. Student Information:

- Student Name: _____
- Grade Level: _____
- Activity/Program/Class: _____

2. Parent/Guardian Information:

- Name: _____
- Relationship to Student: _____
- Phone Number: _____
- Email Address: _____

3. Reason for Request:

- I am able to cover a reduced fee in the amount of _____ due to a financial hardship.
- We are experiencing a temporary financial hardship (e.g., unemployment, medical expenses, etc.)
- Other: _____

4. Documentation (please attach any supporting documents)

Statement of Accuracy and Signature: I certify that the information provided on this form is true and accurate to the best of my knowledge. I understand that providing false information may result in denial of this and future waiver requests and may require repayment of waived fees.

Signature of Parent/Guardian: _____

Date: _____

Office Use Only:

- Date Received: _____
- Reviewed by: _____
- Decision: [] Approved [] Denied
- Reason for Denial (if applicable): _____
- Signature of Reviewer: _____
- Date: _____

Instructions for Submission: Please submit this completed form along with all required attachments to the school office or via the designated email address provided for fee waiver applications. All submissions will be handled confidentially.