

MIAMI-DADE COUNTY PUBLIC SCHOOLS

OFFICE OF COMMUNITY EDUCATION AND BEFORE/AFTER SCHOOL PROGRAMS APPLICATION FOR A STUDENT FEE WAIVER OR FEE REDUCTION

ADMINISTRATIVE GUIDELINES FOR A STUDENT FEE WAIVER (FM-2599) - PART 1

ALL STUDENTS IN AFTER SCHOOL CARE PROGRAMS ARE MANDATED TO PURCHASE STUDENT ACCIDENT INSURANCE.

THE FOLLOWING INFORMATION MUST BE RETAINED BY THE SCHOOL SITE PRINCIPAL FOR AUDIT PURPOSES: THE ENTIRE APPLICATION WITH THE REQUIRED DOCUMENTATION THAT SHOWS PROOF OF A RECENT EARLY LEARNING COALITION (ELC) DENIAL LETTER OR STUDENT ON A (ELC) WAIT LIST (**STUDENTS AGE 14 AND UP AND WITHOUT SPECIAL NEEDS ARE EXCLUDED FROM THE NEED OF THIS ELC DOCUMENTATION**) ALONG WITH PROOF OF THE APPLICANT'S HOUSEHOLD INCOME AND HOUSEHOLD FAMILY SIZE. **ONLY PAGE 4 OF THE APPLICATION MUST BE SENT TO THE OFFICE OF COMMUNITY EDUCATION AND BEFORE/AFTER SCHOOL PROGRAMS** WHERE THE EXECUTIVE DIRECTOR OR HIS DESIGNEE WILL VERIFY THAT THE SCHOOL SITE PROGRAM 6500 FUNDS CAN ACCOMMODATE EACH STUDENT FEE WAIVER REQUEST AND THAT THE SCHOOL SITE FEE WAIVERS HAVE NOT EXCEEDED 5% OF THE SCHOOL SITES PROGRAM 6500 PRIOR YEAR'S GROSS REVENUE.

A SCHOOL SITE PRINCIPAL who is fiscally responsible for a fee based Community Education Program and/or a Before/After School Care Program has the option to approve or disapprove a fee waiver or reduction in fees to any eligible student that seeks to enroll or already is enrolled in their program based on the following criteria:

- If a principal determines that their program cannot absorb the cost of student fee waivers, he/she has the right to deny all proposed waivers.
- Student fee waivers cannot be processed if the principal's budget depicts a negative balance.
- Student fee waivers cannot be processed if the principal's budget depicts insufficient funds to cover the requested fee waiver.
- Applicant has not provided the documentation needed to process the Fee Waiver application.
- **A student applicant may NOT receive a fee waiver or reduction in fees until PAGE 4 of this Application for Fee Waiver (FM-2599) form has been completed and submitted for signature to the Executive Director of Community Education and then returned to your location.**
- The total of all submitted student fee waivers cannot exceed 5% of your prior year's gross revenue. Gross revenue is based upon all fees collected within your Community Education and/or Before/After School Care Programs.
- Principals who have submitted and received approved student fee waivers but have since incurred an overall budget deficit must terminate all existing fee waivers. Principals must give prior written notification to the parents/guardians of those student(s) and indicate that their fee waiver or fee reduction will be terminated two weeks after they have received notice. This will allow for the parents/guardians of these students a grace period to seek out other options.
- **Principals must verify all supporting documentation. Each application and supporting documentation must be retained at the school site for audit purposes.**

STUDENT FEE WAIVERS OR FEE REDUCTIONS can be processed for the following programs:

- | | |
|--|-----------------------------|
| • Before School Care or Story Hour Program | • After School Care Program |
| • Full Day Care Program | • Summer Camp Program |
| • Fee-based Middle School Enrichment Program | • Community Education Class |



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OFFICE OF COMMUNITY EDUCATION AND BEFORE/AFTER SCHOOL PROGRAMS APPLICATION FOR A STUDENT FEE WAIVER OR FEE REDUCTION

ADMINISTRATIVE GUIDELINES FOR STUDENT FEE WAIVERS (FM-2599) - PART 2

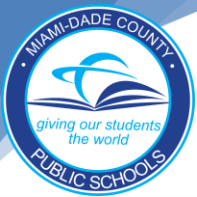
ALL STUDENTS IN AFTER SCHOOL CARE PROGRAMS ARE MANDATED TO PURCHASE STUDENT ACCIDENT INSURANCE.

REQUIRED DOCUMENTATION FOR HOUSEHOLD INCOME ELIGIBILITY:

- Parents/guardians of the student applicant or the adult student must present their most recently processed Income Tax Return and Social Security Cards for all household family members identified. (This is needed to determine family size).
- Each working parent/guardian or adult student must provide one of the following photo I.D.'s:
 1. Florida Driver License
 2. Florida I.D.
 3. Passport
 4. Alien registration card
 5. Military I.D.
- Each working parent/guardian or adult student must provide their most recently processed Income Tax Return and one of the following documents in order to verify income eligibility:
 1. Unemployment claim for benefits
 2. W-2 statement or 3 recent payroll check stubs
 3. Employer provided Income Verification Form
 4. Income verification letter from the employer
 5. Housing and Urban Development (HUD) contract

INCOME SLIDING SCALE FOR ELIGIBLE HOUSEHOLD FAMILY SIZE AND INCOME LEVELS:

- Are based on the current year's Department of Human Services Child Development Services Bureau limits (150% FPL). A household family size is determined by their most recently processed Income Tax Return and an individual Social Security card for all household family members. Income levels are determined by the documentation provided by each parent/guardian who is working.
 1. Household Family size of **01** with an annual family gross income of **\$18,090**
 2. Household Family size of **02** with an annual family gross income of **\$24,360**
 3. Household Family size of **03** with an annual family gross income of **\$30,630**
 4. Household Family size of **04** with an annual family gross income of **\$36,900**
 5. Household Family size of **05** with an annual family gross income of **\$43,170**
 6. Household Family size of **06** with an annual family gross income of **\$49,440**
 7. Household Family size of **07** with an annual family gross income of **\$55,710**
 8. Household Family size of **08** with an annual family gross income of **\$61,980**
 9. Household Family size of **09** with an annual family gross income of **\$68,250**
 10. Household Family size of **10** with an annual family gross income of **\$74,520**



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OFFICE OF COMMUNITY EDUCATION AND BEFORE/AFTER SCHOOL PROGRAMS APPLICATION FOR A STUDENT FEE WAIVER OR FEE REDUCTION

APPLICATION FOR A STUDENT FEE WAIVER OR FEE REDUCTION - PARENT

THIS SECTION MUST BE COMPLETED BY PARENT/GUARDIAN:

1. APPLICANTS, **UP TO AGE 13 OR APPLICANTS WITH SPECIAL NEEDS**, ARE REQUIRED TO HAVE APPLIED FOR AND HAVE HAD BEEN DENIED SUBSIDIZED CHILD CARE FUNDING THROUGH THE EARLY LEARNING COALITION (ELC) BEFORE THEY CAN BE ELIGIBLE TO SEEK A M-DCPS STUDENT FEE WAIVER OR FEE REDUCTION.

HAVE YOU APPLIED WITH ELC? (PLEASE CHECK ONE) NA YES NO

IF YOU HAVE NOT APPLIED PLEASE CALL THE ELC AT (305) 646-7220 TO SET UP AN APPOINTMENT.

2. WERE YOU RECENTLY DENIED SUBSIDIZED CHILD CARE FUNDING BY THE EARLY LEARNING COALITION (ELC)?

(PLEASE CHECK ONE) NA YES NO

IF YOU HAVE BEEN DENIED SUBSIDIZED CHILD CARE FUNDING BY THE EARLY LEARNING COALITION (ELC) YOU MUST PROVIDE A RECENT ELC DENIAL LETTER AS PART OF THIS APPLICATION. (APPLICABLE ONLY IF YOU DO NOT HAVE PROOF THAT YOUR CHILD IS ON AN OFFICIAL ELC WAITING LIST)

3. IS YOUR CHILD ON THE (ELC) WAIT LIST? (PLEASE CHECK ONE) NA YES NO

IF YOU HAVE PROOF THAT YOUR CHILD IS ON THE (ELC) WAIT LIST YOU MUST PROVIDE DOCUMENTATION AS PART OF THIS APPLICATION. (APPLICABLE ONLY IF YOU DO NOT HAVE AN OFFICIAL (ELC) DENIAL LETTER)

THIS SECTION MUST BE COMPLETED BY PARENT/GUARDIAN:

NAME OF SCHOOL:

LOCATION #:

NAME OF M-DCPS STUDENT APPLICANT:

LAST,

FIRST

M-DCPS STUDENT APPLICANT ISIS NUMBER:

AGE OF STUDENT APPLICANT:

NAME # 1 - PARENT/GUARDIAN OF APPLICANT:

LAST,

FIRST

NAME # 2 - PARENT/GUARDIAN OF APPLICANT:

LAST,

FIRST

HOME ADDRESS:

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE #:

CELL PHONE #:

EMAIL ADDRESS:

DOCUMENTED HOUSEHOLD INCOME:

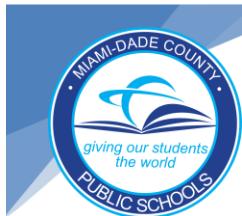
DOCUMENTED HOUSEHOLD FAMILY SIZE:

TOTAL AMOUNT

IMMEDIATE FAMILY

CERTIFICATION OF TRUTH:

SIGNATURE OF PARENT OR GUARDIAN



MIAMI-DADE COUNTY PUBLIC SCHOOLS

OFFICE OF COMMUNITY EDUCATION AND BEFORE/AFTER SCHOOL PROGRAMS APPLICATION FOR A STUDENT FEE WAIVER OR FEE REDUCTION

FEE WAIVER OR FEE REDUCTION STAFF VERIFICATION

IMPORTANT: THIS APPLICATION IS AVAILABLE ONLY TO CHILDREN WHOSE PARENTS ARE ECONOMICALLY DISADVANTAGED OR HAVE CHILDREN WITH SPECIAL NEEDS. PRIOR TO CONSIDERING THIS APPLICATION, PRINCIPALS MUST DIRECT **APPLICANTS, UP TO AGE 13 OR WITH SPECIAL NEEDS**, TO FIRST APPLY FOR SUBSIDIZED FUNDING THROUGH THE MIAMI-DADE COUNTY EARLY LEARNING COALITION (ELC) AT (305) 646-7220.

APPLICANTS, UP TO AGE 13 OR WITH SPECIAL NEEDS, ARE REQUIRED TO PROVIDE A RECENT AND OFFICIAL ELC DENIAL LETTER OR PROVIDE PROOF THAT THEY HAVE BEEN RECENTLY PLACED ON THE ELC WAITING LIST BEFORE THEY MAY PROCEED WITH THE APPLICATION FOR A M-DCPS STUDENT FEE WAIVER. APPLICANTS ALREADY APPROVED TO RECEIVE SUBSIDIZED FUNDING THROUGH THE ELC OR BECAUSE OF A FREE AND REDUCED LUNCH DISCOUNT MAY NOT APPLY FOR OR RECEIVE AN ADDITIONAL DISCOUNT AS A RESULT OF A M-DCPS STUDENT FEE WAIVER. **APPLICANTS, AGE 14 AND UP AND WITHOUT SPECIAL NEEDS, ARE NOT ELIGIBLE FOR ELC FUNDS AND ARE NOT REQUIRED TO PRESENT ELC DOCUMENTATION IN ORDER TO APPLY FOR A M-DCPS STUDENT FEE WAIVER.**

IF A PRINCIPAL DETERMINES THAT AN APPLICANT QUALIFIES FOR THE M-DCPS STUDENT FEE WAIVER AND PROGRAM 6500 FUNDS ARE AVAILABLE, THE PRINCIPAL WILL THEN INFORM THE APPLICANT WHAT THE DISCOUNTED DAILY RATE WILL BE, WHEN THE DISCOUNTED RATE WILL START, AND WHEN THE DISCOUNTED RATE WILL END.

" ONLY" PAGE 4 MUST BE EMAILED TO CTAVEL-LUACES@DADESCHOOLS.NET FOR SIGNATURE

PRINCIPALS MUST NOT ALLOW PROPOSED STUDENT FEE WAIVERS TO START UNTIL PAGE 4 OF THIS APPLICATION HAS BEEN COMPLETED, SIGNED AND RETURNED FROM THE OFFICE OF COMMUNITY EDUCATION AND BEFORE/AFTER SCHOOL PROGRAMS. (EMAIL PAGE 4 ONLY: TO CTAVEL-LUACES@DADESCHOOLS.NET) (24 HOUR TURNAROUND)

NAME OF SCHOOL:

LOCATION #:

NAME OF M-DCPS STUDENT APPLICANT:

LAST,

FIRST

M-DCPS STUDENT APPLICANT ISIS NUMBER:

AGE OF STUDENT APPLICANT:

PARENT ELC DENIAL LETTER ON FILE: **NA** **YES** **NO**

STUDENT ON ELC WAIT LIST: **NA** **YES** **NO**

VERIFIED TOTAL HOUSEHOLD INCOME:

VERIFIED TOTAL HOUSEHOLD FAMILY SIZE:

NAME OF PROGRAM OR CLASS:

START DATE OF STUDENT FEE WAIVER:

END DATE OF STUDENT FEE WAIVER:

TOTAL # OF DISCOUNTED DAYS:

REGULAR DAILY FEE:

NEW DAILY FEE:

(**X**) **MINUS** (**X**) =

TOTAL # OF DISCOUNTED DAYS

REGULAR DAILY FEE

TOTAL # OF DISCOUNTED DAYS

NEW DAILY FEE

LOST REVENUE

APPROVED AND VERIFIED: PRINCIPAL SIGNATURE

ADEQUATE FUNDS: EXECUTIVE DIRECTOR OF COMMUNITY ED.

DATE:

DATE:

(EMAIL PAGE 4 ONLY) TO: CTAVEL-LUACES@DADESCHOOLS.NET

PAGE 4 OF 4

FM-2599 Rev. (05-20)