## REQUEST FOR EPPING PRESCHOOL TUITION WAIVER 2022- 2023 SCHOOL YEAR

Student Name:				
DOB:				
Address:				
Parent Name:				
Phone:				
Email:				
cash assistar  Family is elig  ***Family mee	nily is homele foster child rently receivir nce ible/receiving ets household	ng state bene g NH Medicaid d income guid	fits in the form of t d elines for free and	food stamps/SNAP or d reduced meals
eligibility for tuitic	on waivers. T	he District C	Office must appro	guidelines to determine ove eligibility for tuition ool year in which they are
tuition waiver. Pro state/district letter	of of eligibil head or offic Eligibility da	ity is defined cial form, ide	d as any written ntifying a family's	of eligibility to receive of letter or statement, on seligibility for the abovent for the document to be
***Documentation r information can be				als is not required as that rector.
		For Office U	Jse Only:	
☐ Request o	approved on <sub>-</sub>		by	
DI Regues	st denied on		by	