



CLASS

Leaders in Literacy, Leisure & Life Skills

CLASS Waiver Policy: Open to all adults regardless of their ability to pay. Course fees may be waived or reduced for any individual not able to pay fees.

REDUCED FEE/WAVIER FORM

I, _____, certify that I am unable to pay for the total costs of the course, _____.

I request that the fees for this course be waived or reduced. I am able to pay \$_____.

Purpose for taking the above stated course: (please include a brief statement indicating your reasons for enrolling in this course.)

Signature of Learner

Date

Please have an adult support person (relative, employment worker, employer, etc...) fill out this information.

I verify that the above person qualifies for a waived or reduced fee.

Signature

Relationship/Title

Phone #

For Office Use Only

Executive Director

Date