



Vista del Lago High School

CONFIDENTIAL FEE WAIVER REQUEST

Please provide the following information:

Dated: _____

Student: _____

Parent/Guardian: _____

Phone: _____

Address: _____

Email Address: _____

Purpose of fee to be waived: _____ Amount \$: _____

Name of School: _____

By my signature below, I declare that it is a financial hardship to pay the requested fee.

Parent/Guardian Signature: _____

MARK PERSONAL AND CONFIDENTIAL AND SUBMIT TO:

Vista del Lago High School
Attn: Lori Emmington, Principal
1970 Broadstone Pkwy
Folsom, CA 95630