

Sweetwater County School District #1 Fees & Fines Change Form



School: _____

Student #: _____ Date: _____

Fee ID #: _____

Student Name: _____

Original Fee/Fine Amount: \$ _____

Revised Fee/Fine Amount: \$ _____

Reason for Change: _____

Name of Staff Member Requesting Change:

Staff Signature: _____ Date: _____

(I have verified the requested change and attest that the above mentioned fee or fine data is true and accurate)

Administrator Signature: _____ Date: _____

(I hereby authorize this fee or fine and have evaluated all circumstances surrounding the charges and requested change)

Should financial problems become apparent for any individual student or student's family, the district will evaluate extenuating circumstances and make any appropriate adjustments to one or more fees or fines.

Office Use Only

Date Processed: _____

Acct Bal: _____

In Collections?: YES NO

Retain this form for 7 years