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)

Office Use Only
Date Processed: ______________
Acct Bal: ______________________
In Collections?:  □ YES  □ NO
Retain this form for 7 years

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.