



**HCPSS Summer School Programs Tuition Reduction Request Form - THIS FORM SHOULD BE COMPLETED AND SUBMITTED WITH THE REGISTRATION FORMS FOR ALL FAMILIES REQUESTING TUITION REDUCTION**

Tuition reduction requests will be approved based on the Federal Income Eligibility Guidelines. If your child is already receiving free or reduced-price meals from the Howard County Public School System, you automatically qualify for the Standard Tuition Reduction Amount. If possible, bring a copy of your HCPSS approval letter to registration for verification. If your child does not receive free or reduced-price meals, you may still apply for an HCPSS Summer School Program Scholarship.

**Please check the appropriate box(es):**

My child currently receives (**check one**)  free lunch  reduced priced lunch, and I hereby authorize the Department of Food & Nutrition of Howard County Public School System to disclose this information so that my child's eligibility for tuition reduction can be verified. **Complete and sign this form.**

**and/or**

I am completing an HCPSS Summer Program Scholarship Request Form along with documentation for income eligibility and/or other hardship. **Complete and sign this form and an HCPSS Summer School Program Scholarship Request Form.**

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_

Home School \_\_\_\_\_ Current Grade \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

<b>For Office Use Only:</b>		<input type="checkbox"/> Elementary	<input type="checkbox"/> Middle	<input type="checkbox"/> High
<b>Program Cost:</b> \$ _____	<b>Course(s):</b> _____			
<b>Amount of Reduction:</b> \$ _____	<b>Final Tuition Cost After Reduction</b> \$ _____			
<b>Initial Payment Must Be At Least 50% Of Final Cost. Summer School Payment Agreement:</b>				
<b>Initial Payment</b> \$ _____	<b>Cash or Check/CC #</b> _____	<b>Balance Due</b> \$ _____		
<b>Second Payment</b> \$ _____	<b>Cash or Check/CC #</b> _____	<b>Balance Due</b> \$ _____	<b>Date Due</b> _____	
<b>Third Payment</b> \$ _____	<b>Cash or Check/CC #</b> _____	<b>Balance Due</b> \$ _____	<b>Date Due</b> _____	
I agree to pay the above listed summer school tuition balance for my child. If the balance is not paid, I agree my child will be withdrawn from the summer school program, no grade will be awarded, and a request for refund will be submitted in writing on a Student Withdrawal/Refund Form.				
<b>Parent Signature for Payment Agreement:</b> _____				<b>Date:</b> _____
Requests for refund should be submitted as soon as it is determined the student will not attend. Requests submitted after the program is over will not be considered.				

Once we receive your initial payment, your child will be registered into the Summer Program. Space in a class will not be held for your child, therefore, please complete the payment arrangements as soon as possible. Your child will only be accepted on a space available basis.

Reviewed by Tuition Specialist: \_\_\_\_\_