

CHURCH OF THE ASCENSION  
RELIGIOUS EDUCATION OFFICE  
2001 WOODMAN DRIVE, KETTERING, OH 45420  
254-0622

REQUEST FOR WAIVER OF RE FEES

School Year 2018-2019

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

NAME OF CHILD(REN) \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_ AMT. REQUESTED TO BE WAIVED \$ \_\_\_\_\_ AMT. TO BE PAID \$ \_\_\_\_\_

REASON FOR REQUESTING WAIVER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

.....  
**(OFFICE USE ONLY)**

Amount waived \$ \_\_\_\_\_ Remarks: \_\_\_\_\_

Administrator  
Signature \_\_\_\_\_ Date \_\_\_\_\_

(Indicates tentative approval)

Tuition Committee Recommendation ( ) No ( ) Yes Date \_\_\_\_\_

Pastor  
Signature \_\_\_\_\_ Date \_\_\_\_\_