



# Schools

## DRIVER'S EDUCATION FEE WAIVER

Dear Parent/Guardian,

Your child may be eligible to receive a waiver for the Driver's Education fee. Please fill out this form and return to Mr. Price, Perquimans County High School Principal.

Child's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Date: \_\_\_\_\_

**EXTENUATING CIRCUMSTANCES: Please explain briefly here, and include any documentation or attachments necessary, as to why the Driver's Education fee should be waived in this case.**

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**Date received by:** \_\_\_\_\_

**This request has been approved** \_\_\_\_\_ **denied** \_\_\_\_\_

**Reason for denial:**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date