

SCRIP REQUIREMENT WAIVER REQUEST

DATE _____

NAME _____

ADDRESS _____

PHONE # _____

EMAIL _____

CHILDREN AT ST. BERNARD SCHOOL:

NAME _____ GRADE _____

NAME _____ GRADE _____

NAME _____ GRADE _____

REASON FOR WAIVER REQUEST: _____

(FOR OFFICE USE)

AMENDED REQUIREMENT: _____

NO AMMENDMENT _____

APPROVED BY: _____

DATE: _____

This form will be reviewed by School Principal. Notice will be given regarding waiver request.