



EDUCATIONAL EXCELLENCE  
2700 KEARNS BOULEVARD 435/645-5600  
PARK CITY, UTAH 84060 435/645-5609 FAX

## PARK CITY SCHOOL DISTRICT FEE WAIVER DOCUMENT REQUEST

Student's Name \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

Utah Code 53G-7-504 requires that all parents requesting application for a fee waiver provide income verification based on income tax returns or current pay stubs.

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I am unable to provide current pay stubs

I am unable to provide income tax returns

I hereby certify under penalty of perjury under the laws of the United States of America and the State of Utah that the foregoing is true and correct.

Executed on this date \_\_\_\_\_

Signature: \_\_\_\_\_