



510 LAKE STREET | PEWAUKEE, WI 53072 | P 262.691.2100 | F 262.695.5006  
WWW.PEWAUKEESCHOOLS.ORG/PHS

**MR. BRIAN SNIFF**, PRINCIPAL  
SNIFBRI@PEWAUKEESCHOOLS.ORG | 262.695-5015

**MR. PAUL BURSI**, ASSOCIATE PRINCIPAL  
BURSPA@PEWAUKEESCHOOLS.ORG | 262.695-5014

**MRS. EMILY HANSEN**, DEAN OF STUDENTS  
HANSEMI@PEWAUKEESCHOOLS.ORG | 262.695-5012

**MR. JEFF BEHRENS**, DIRECTOR OF ATHLETICS & ACTIVITIES  
BEHRJEF@PEWAUKEESCHOOLS.ORG | 262.695-5074

## Requesting Reduced Fees

Please check the activities you would like to request opportunities to receive a Fee Reduction. Certain qualifications are required and your counselor will determine status to receive fee waiver:

- College Application Fee Waiver or Parchment Transcript
- College Courses in High School fee assistance
- Testing Reductions (AP; PSAT; SAT; ACT)
- Field Trip Expense: \_\_\_\_\_ (identify field trip in question)
- Other:

I understand that you will be releasing information from the application for free and reduced priced meals for my child(ren). I give up my right to confidentiality for the purpose of determining eligibility for reduced fees only. I understand that I am not required to release this information. Its release is strictly voluntary on my part and I understand that my information will only be given to appropriate school personnel for the purposes of the above.

Student(s) Information:

Name \_\_\_\_\_  
Grade \_\_\_\_\_

Name \_\_\_\_\_  
Grade \_\_\_\_\_

I certify that I am the parent/guardian of the child(ren) for whom this request is being made.

Signature of Adult Household Member \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Street, City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Date \_\_\_\_\_

