

CLASS FEE APPROVAL FORM

Person Requesting _____

Date of Request _____

Department _____

Class/Course _____

Requested Fee Charge \$ _____

Maximum High School Fee Amounts

\$20 – Entry Level Class Fee

\$30 – Advance Level Class Fee

Maximum Middle School Fee Amount

\$10 – Entry Level Class Fee

Current Account Balance \$ _____

Verified by School Finance Secretary _____

INITIALS

Rationale for Fee: *(Please detail what the school program needs are)*

Expenditures: *(Be as specific as possible with projected costs)*

Cost per Student:

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

Advisor/Teacher Signature

Date

Approved Amount Approved \$ _____

Denied Comments _____

Principal Signature

Date