

## Video Streaming Curriculum Program Fee Waiver for 2008-2009 School Year

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
School District: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Your Name: \_\_\_\_\_  
Title: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Please answer all questions:**

- I certify that the above school is unable to afford the annual maintenance fee for video streaming services in 2008-2009 because:  
 the school requested funding, but received no allocation in the final budget.  
 the school requested funding, but received only partial allocation in the final budget.  
 the school did not request funding.  
 Other reason. Please specify: \_\_\_\_\_  
\_\_\_\_\_
- The school is requesting a video streaming fee waiver for the:  
 first time                       second time                       third time
- The school is requesting a fee waiver in the amount of:  
 \$650     \$325     \$165     Other amount: \_\_\_\_\_
- If the school is requesting a partial fee waiver, please submit a purchase order for the remaining balance.                       PO is pending     PO # \_\_\_\_\_

Requested by:

\_\_\_\_\_  
Print Name    Signature    Date

\_\_\_\_\_  
School Principal Name    Principal's Signature    Date

**NOTE: Please fill out a fee waiver form per school. Incomplete forms will not be processed.**

Waiver Approved by:

\_\_\_\_\_  
Video Streaming Representative    Date