

**FEE WAIVER REQUEST FORM**

**Muslim Education Center of Acadiana (MECA)**  
PO Box 53723, Lafayette Louisiana 70505-3723

**Fall 2015**

NAME OF PARENT: .....

PARENT / GURARDIAN INFORMATION:  
Please Check Appropriate Box for reason hardship is requested:

- FULL TIME STUDENT
- UNEMPLOYED
- PERSONAL HARDSHIP – Please Specify

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.....

**Please attach any document which can support your request.**  
**You may be asked to submit more documents to support your case.**  
**Waivers will be reviewed by school board and parents will be contacted**  
**regarding the approval of the waiver.**

All applications will be kept confidential.

SIGNATURE: ..... DATE: .....

For Office Use Only: