

Mail completed form to:
"Focus on Children"
777 High Street, Suite 100
Eugene, OR 97401

**REQUEST TO REDUCE or WAIVE FEE
PARENT EDUCATION PROGRAM "FOCUS ON CHILDREN"**

Your Name:(please print)_____ Court Number_____

FILL OUT COMPLETE THE SECTION BELOW AND SIGN AT THE BOTTOM

I request a reduction of the \$45.00 fee for the Parent Education Program "Focus on Children"

Monthly Income from work (before deductions) _____

Monthly income from welfare, child support and/or social security _____

Monthly income from other sources or people _____

Total monthly income _____

How many people (including yourself) are you now supporting on this income: _____

Do others in your present household pay any of your expenses (e.g.) rent,
food, transportation?_____ If so, which expenses do they pay?_____

I affirm that the information above is true and accurate to the best of my knowledge.

Signature:_____ Date_____

Address (Print)_____

Day telephone no. (____) _____ Evening telephone no. (____) _____

For office use only: Notice to Parent

Your fee for "Focus on Children" is _____ waived.

Your fee for "Focus on Children" is _____ reduced. Your reduced fee for the class is \$_____. Please enclose a check or money order for this amount when you send your registration form.

Your request to reduce or waive the fee is denied _____. Please enclose a check or money order for \$45.00 when you send your registration form.

We look forward to you attending "Focus on Children".

Signed:_____

Date_____