

Covid-19 Response Tuition Adjustment Form
Financial Loss

Name(s): _____

Student name(s): _____ Grade(s): _____

Business Financial Loss

Name of Business: _____

Type of Business (example - roofing): _____

Please explain the expected financial impact on your business during this period:

Employment Reduction or Loss

Is your family single or double income under normal circumstances: _____

If double income, is one or both jobs affected? _____
(If both, please provide the requested documentation for each)

Please complete

What is your monthly gross income normally (ie: January 2020): \$ _____

What is your monthly gross income after changes due to Covid-19 pandemic: \$ _____
(this may include unemployment)

What do you believe you can afford to contribute monthly to tuition at this time: \$ _____

Any additional information you believe we should know:

I attest that the information provided on this form is true to the best of my knowledge.

Signature: _____ Date: _____

Please submit this form to sredden@olympiawaldorf.org

Those reporting loss of income from a job, please submit one of the following:

- Pay statement from prior to pandemic and recent pay statement showing a difference
- Letter from employer showing loss of job (temp or permanent)
- Pay statement from prior to pandemic and current unemployment pay statement