

Covid-19 Response Tuition Adjustment Form
Additional Expenses

Name(s): _____

Student(s): _____

Grade(s): _____

Please describe how your expenses have increased due to school closure.

Childcare expenses

Additional childcare or other expenses incurred: \$ _____ per hour/week/month (circle one)

Childcare provider - agency or name(s): _____

I, the above-named childcare provider, attest that the expense amount given above is accurate to the best of my knowledge.

Signature of childcare provider: _____ Date: _____

Everyone

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: _____

Once this form is complete, please submit to sredde@olympiawaldorf.org