



Fee Approval Form

August 1, 2025 – July 31, 2026

Complete this form for each fee not listed on your school’s published tuition and fee schedule. All fee requests must represent costs charged to all students at the school (recipients and non-recipients of a DC Opportunity Scholarship). Supporting documentation of each fee (e.g., registration forms, permission slips, etc.) must be provided. Each fee request will be reviewed by the OSP administrator; only approved fees may be invoiced to student scholarship accounts.

Please fax completed form to (202) 964-2460 or email to tonyas@servingourchildrenc.org

Name of School: _____

Fee Request #__:

Name of _____		Maximum Fee _____	
1. Fee _____	2. Amount _____	\$ _____	
3. Fee Type <input type="checkbox"/> Prepaid	4. Select Grade Level(s) for School Fee _____	Min Grade _____	
<i>Select One</i> <input type="checkbox"/> Prorated		Max Grade _____	
5. Explanation of Fee: <i>Please attach supporting documentation and provide explanation of the fee, including if it is to be charged to all students or to specific students (e.g., by grade, etc.).</i>			

Do Not Fill Out - For OSP Administrator Only			
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Executive Director _____	Date _____

Fee Request #__:

Name of _____		Maximum Fee _____	
1. Fee _____	2. Amount _____	\$ _____	
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<i>Select One</i> <input type="checkbox"/> Prorated		Max Grade _____	
5. Explanation of Fee: <i>Please attach supporting documentation and provide explanation of the fee, including if it is to be charged to all students or to specific students (e.g., by grade, etc.).</i>			

Do Not Fill Out - For OSP Administrator Only			
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Executive Director _____	Date _____

School Certification

I certify that all the information on this form is correct and that the information represents costs charged to all students in the same grade with the same needs, regardless of whether they are a D.C. Opportunity Scholarship Program recipient. If any of the fees listed are not for the student indicated, or are different from the published fee, the school will be required to return any and all falsely acquired funds.

Signature of School Official _____

Name of School Official (Please Print) _____

Date _____