

SERRF Expanded Learning Program

Tehama County Department of Education
1135 Lincoln Street, Red Bluff, CA 96080
(530) 528-7381



Date Form Received at Site: _____

Facilitator Initials: _____

Date Form Received in Office: _____

Office Staff Initials: _____

Student ID #: _____

2025-2026 Fee Adjustment Request Form

All information must be completed before request will be considered

Please Print All Information Clearly

Parent Full Name: _____

Mailing Address: _____

City, State, Zip: _____ Phone: _____

Full Name of ALL Students Living In Household:	Grade Fall 2025	Is student currently enrolled in SERRF?	School Site enrolled at

◆ **Current Income Information:** (*"ALL" household income must be listed*)

Monthly Amount:	Source:

◆ **Verification required before request will be considered:**

- Submit copy of one of the following: Pay stub or other documentation of income.
- Fee reduction will be denied if verification is not attached.

◆ **Reason for Request:**

- _____ **Foster Child(ren) Verification Required;** _____ **Homeless**
- _____ **Other: List Reason** _____
- _____ **# of adults in household;** _____ **# of children under the age of 18 in household**

◆ **I am willing to pay \$_____ per month**

Parent Signature Date

- ◆ Return completed form to your SERRF Facilitator or SERRF Office.
- ◆ Fee adjustment **will not be retroactive** to the beginning of the school year. Parent will be responsible for full amount of monthly fee per 2025/2026 fee schedule until completed *Fee Adjustment Request Form* has been submitted to the SERRF office **with proof of income** and processed.

To be completed by SERRF office: (# of Children attending SERRF _____)

- ☐ Your request has been granted.
- ☐ Your request cannot be granted at this time.
- ☐ Your monthly fee will be: \$_____ per family; \$_____ per student(s)

- ◆ This adjusted fee amount will begin with the month of: _____

Name: _____ Date: _____

SERRF Director, Christi Deveraux