



**Student Registration Center**  
Cambridge Rindge & Latin School  
459 Broadway • Cambridge, MA • 02138  
Tel. 617.349.6551 • Fax. 617.349.6552  
SRC@CPSD.US • <http://www.cpsd.us>

## Hardship Appeal Form

Please submit this form with documentation to the Family Resource Center. Your Hardship Appeal hearing will not be scheduled without supporting documentation.

Student's Name: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Legal Guardian Name(s) \*\*: \_\_\_\_\_

Address\*: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

\* The address must be the domicile (where the person lives) \*\* A parent or legal guardian having legal custody of the student

**Reason for Hardship Appeal:** Please describe the reason for your Hardship Appeal. You may attach a letter to this form (up to 1 page). Additional documentation to support your hardship is **required** (Please see Step One, #1 on the 'Hardship Appeals: Instructions' page for additional documentation suggestions).

**Please read and sign:** I certify that all information on this form is true and accurate to the best of my knowledge. I understand that if the address or child's custody changes, I must notify the Cambridge School Department - Family Resource Center in writing.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

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### PLEASE DO NOT WRITE IN THIS SPACE OFFICIAL USE ONLY

SID#: \_\_\_\_\_ SES: \_\_\_\_\_ WL: \_\_\_\_\_

Granted \_\_\_\_\_

Not Granted \_\_\_\_\_