DOUGLAS COUNTY SCHOOL SYSTEM
ASP FINANCIAL ASSISTANCE FORM (FIN-612)

School Year _____

Student _____ Teacher _____

Grade _____

Type of Subsidy: Check One

___ **United Way**

___ **Principal Directed** _____

___ **ASP Employee (name)** _____

___ **GCAPS (Georgia Child and Parent Services)**

Principal Designated or ASP Employee

Parent Daily Amount: $ _____

DCSS ASP Subsidized Daily Amount: $ _____

Effective Dates: Begin ____/_____/____

End ____/_____/____

United Way or GCAPS

Parent Weekly Amount: $ _____

United Way or GCAPS Weekly Amount: $ _____

Effective Dates: Begin _____/_____/_____

End _____/_____/_____

_____
Principal's Signature

_____/_____/_____
Date

FS-612
Rev. 8/1/08