Children's Education Reduced Rate Request



Name:	
School Name:	
School Address:	
School Phone:	
E-mail:	
Personal Phone:	

New York, NY 10003	
Phone: 212-475-9585	

www.gvshp.org

232 E. 11th Street

Program:	
Grade Level:	
Students:	
Classes:	

Please suggest what you consider an appropriate rate for your school:

Please note any relevant details about your school that are not included below:

Please explain, in detail, why you need a reduced rate, for example if your school receives Title I funding and/or how many students receive free or subsidized lunch at your school:

Internal Use Only

Approved	Fee Amount	Date Received