



The Free Application for Federal Student Aid (FAFSA) or California Dream Act Application (CADAA) determines a pupil’s eligibility for financial aid to assist with a pupil’s attendance at a college or career school. California Education Code (CEC) § 51225.7 requires a local educational agency to confirm each 12th grade pupil’s completion and submission of a FAFSA or CADAA unless the pupil is determined to be exempt or an opt-out form is completed by a pupil who is a legally emancipated minor, a pupil who is 18 years or older, a legal guardian, or parent, or a local educational agency on a pupil’s behalf. This opt-out form permits a pupil to opt out of the completion of a FAFSA or CADAA form.

To opt a pupil out of the Financial Aid Application requirement, please complete this form and return it to your local high school counselor by the date established at your local school district.

Submitting a *Financial Aid Application Opt-Out Form* does not prohibit a pupil from completing and submitting a financial aid application at any time in the future.

PUPIL INFORMATION

Pupil Name (First, Last)	
Date of Birth (Month, Day, Year)	
Statewide Student Identifier (SSID)	
Reason for Opting Out	<input type="checkbox"/> Not Attending College Reason: _____ <input type="checkbox"/> Joining the Military <input type="checkbox"/> Does not qualify for FAFSA/CADAA Reason: _____ <input type="checkbox"/> Other: _____

Option 1 – Pupil Authorization (emancipated minor or age 18 or older): By signing this form, I have read the information on the reverse, I understand what the FAFSA and CADAA are, and I choose not to submit the completed financial aid application.

Pupil Signature	Pupil Printed Name	Date
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Option 2 – Parent or Guardian Authorization: The pupil named on this form is under the age of 18. I am a parent or legal guardian of the above-named pupil, and by signing this form I have read the information on the reverse, I understand what the FAFSA and CADAA are, and I choose for my pupil not to submit the completed financial aid application.

Parent/Guardian Signature	Parent/Guardian Printed Name	Date
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Option 3 – Counselor Authorization: My signature below certifies that reasonable efforts to ensure the pupil completed the FAFSA/CADAA application have been made, but I have determined the pupil is unable to complete requirements of Education Code Section 51225.7.

Counselor Signature	Counselor Printed Name	Date
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SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

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