

STANDARD FEE WAIVER APPLICATION

Date \_\_\_\_\_

School year \_\_\_\_\_

All information provided in connection with this application will be kept confidential.

Name of student: \_\_\_\_\_ Grade in school \_\_\_\_\_

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Attendance Center/School: \_\_\_\_\_

Name of parent, guardian: \_\_\_\_\_  
or legal or actual custodian

Please check type of waiver desired:

Full waiver \_\_\_\_\_ Partial waiver \_\_\_\_\_ Temporary waiver \_\_\_\_\_

Please check if the student or the student's family meets the financial eligibility criteria or is involved in one of the following programs:

Full waiver

- \_\_\_\_\_ Free meals offered under the Children Nutrition Program
- \_\_\_\_\_ The Family Investment Program (FIP)
- \_\_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_\_ Transportation assistance under open enrollment
- \_\_\_\_\_ Foster care

Partial waiver

- \_\_\_\_\_ Reduced priced meals offered under the Children Nutrition Program

Temporary waiver

If none of the above apply, but you wish to apply for a temporary waiver of school fees because of serious financial problems, please state the reason for the request:

\_\_\_\_\_  
Signature of parent, guardian: \_\_\_\_\_  
or legal or actual custodian

Note: Your signature is required for the release of information regarding the student or the student's family financial eligibility for the programs checked above.

Approved 8/19/96 Reviewed 12/21/16 Revised \_\_\_\_\_