

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 _____
Name of Student _____ Grade in school _____
Name of Student _____ Grade in school _____

Attendance Center/School _____

Name of parent, guardian: _____
or legal or actual custodian

Please check type of waiver desired:

Full _____ Partial _____ Temporary _____

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 Child Nutrition Program
- _____ The Family Investment Program (FIP)
- _____ Transportation assistance under open enrollment
- _____ Foster care

Partial waiver

- _____ Reduced priced meals offered under the Child 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.