

# 2024-2025 School Year Fee Waiver Application

Textbook Fees, Bus Pass Fees, & Driver's Education Fees

## You <u>MUST</u> complete this form if you wish to apply for a fee waiver.

All information provided in connection with this application will be kept confidential in our office at the District office. Return this completed form to: Christy Hahn, Nutrition Administrative Assistant Email: <u>hahnc@bfschools.org</u> OR mail/drop off at 300 Garfield St. SW Bondurant, IA 50035

## School Fee Waiver

I would like to have the fees waived for my child(ren). School Nutrition officials may release my child(ren)'s free or reduced-price meal eligibility status to the Transportation Department and the Business Department to determine eligibility for this fee waiver.

\_\_\_\_ YES \_\_\_\_NO

### Child/Children's Name(s) and Grade level(s):

Print Name of Parent/Guardian:			
Name:	Grade:	Name:	_Grade:
Name:	Grade:	Name:	_Grade:
Name:	Grade:	Name:	_Grade:
Name:	Grade:	Name:	_Grade:

### WAIVER STATEMENT

If your child(ren) qualifies for free or reduced-price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be <u>considered</u> for full or partial waiver of school fees. I understand that I will be releasing information that will show that I applied for free or reduced-price meals for my child(ren). I give up my rights to confidentiality for waiver of school fees ONLY. I certify that I am the parent/guardian of the child(ren) for whom this application is being made.

Signature of Parent/Guardian:	Date://
NOTE: COMPLETION OF THIS FORM DOES NOT QUALIFY YOUR CHILD(REN) TO RECEIVE FRE PLEASE CONTACT THE NUTRITION DEPARTMENT IF YOU WISH TO RECEIVE A COPY OF THE FREE OR REDUCED MEALS.	

Administration Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_ Date: \_\_\_\_\_Full Waiver \_\_\_\_\_Partial Waiver