

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 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 7-2003

Reviewed 4-2003

Revised 7-2003

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