

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 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

Fifty Percent 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.

