

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: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

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 (CNP)

\_\_\_\_\_ The Family Investment Program (FIP)

\_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_

I understand that, if I apply for a waiver of fees, I will be releasing information that will show that I applied for free and reduced-price school meals for my child(ren). I give up my rights to confidentiality

for textbook and other school fees. This authorization is in effect for one (1) year. I understand that I may revoke this release in writing at any time.

Signature of parent/guardian: \_\_\_\_\_