

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 applying for:

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.

(See reverse side for income eligibility guidelines.)