

STUDENT FEE WAIVER APPLICATION

Date \_\_\_\_\_

School Year \_\_\_\_\_

All information provided in connection with this application will be kept confidential. This form to be used for students in this building only.

Name of student: _____	Grade in school _____
Name of student: _____	Grade in school _____
Name of student: _____	Grade in school _____
Name of student: _____	Grade in school _____
Name of student: _____	Grade in school _____
Name of student: _____	Grade in school _____

Name of parent, guardian: \_\_\_\_\_  
(or legal or actual custodian)

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 Child Nutrition Program
- \_\_\_\_\_ The Family Investment Program (FIP)
- \_\_\_\_\_ Transportation assistance under open enrollment
- \_\_\_\_\_ Foster care

Partial Waiver

- \_\_\_\_\_ Reduced priced meals offered under the Child 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.

Approving Officer \_\_\_\_\_

Approved \_\_\_ Non Approved \_\_\_\_\_

Approved:      August 26, 1996  
Reviewed:      April 9, 2012  
Revised:      June 27, 2005