

STANDARD FEE WAIVER APPLICATION

Date _____

School year _____

All information provided in connection with this application will be kept confidential. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees. I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren).

Name of student: _____ Grade in school _____

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Attendance Center School: _____

Name of parent, guardian, or legal or actual custodian: _____

Please check type of waiver desired :

Full waiver _____

Partial waiver _____

Temporary waiver _____

(If 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 _____

I certify that I am the parent/guardian of the child(ren) for whom application is being made. YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.

For Administrative Use Only

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
