

# RETURN SIGNED FORM TO SCHOOL

Code No. 503.3E1

## STANDARD FEE WAIVER APPLICATION

Date \_\_\_\_\_

School year 2025-2026

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

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