STUDENT FEE WAIVER FORM 2024-2025
Colfax-Mingo Community School District
***PLEASE COMPLETE ALL INFORMATION ON THIS FORM TO HAVE FEES ADJUSTED*. RETURN COMPLETED AND SIGNED FEE WAIVER FORM TO THE CMCSD DISTRICT ADMINISTRATION CENTER TO BE PROCESSED. PLEASE COMPLETE ONLY ONE FEE WAIVER PER FAMILY.**

If your child qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is school fees. If you sign this waiver, your child will be **considered** for a full, partial or temporary waiver of consumables fee, technology fee, drivers education, and/or musical instrument fees.
This waiver does not carry over from year to year and must be completed annually.

Please print clearly.   **Date Completed:**_____

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

_____
Street Address

_____
City, State, Zip

Student Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allow my child(ren)'s name and meal eligibility **to be shared with staff to adjust Consumables Fee.**
          Yes ☐   No ☐
Allow my child(ren)'s name and meal eligibility **to be shared with staff to adjust Technology Fee.**
          Yes ☐   No ☐
Allow my child(ren)'s name and meal eligibility **to be shared with staff to adjust Musical Instrument Rental.**
           Yes ☐ No ☐
Allow my child(ren)'s name and meal eligibility **to be shared with Outreach Services.** (holiday baskets, school supplies, etc.).
           Yes ☐ No ☐

Your **signature** below is **REQUIRED** for the release of information regarding the student or the student's family financial eligibility. Without your signature, this application cannot be processed.

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child. I give up my rights to confidentiality for waiver of school fees **ONLY**.

_____
Signature of parent, guardian or legal/actual custodian   **Date**

For Office Use Only:
Date Approved: _____
Full _____
Partial _____
Temporary Approval _____   **Expires:** _____ **Mo.** _____ **Day**   *2021-06-15*

If you have questions or if one or more of your children are not listed above, CONTACT YOUR CHILDREN'S SCHOOL.