

STANDARD FEE WAIVER APPLICATION

Date _____

School Year _____

All information provided in connection with this application will be kept confidential.

Name of student(s): _____ Grade in School _____
_____ Grade in School _____
_____ Grade in School _____

Name of Parent, Guardian _____
[or Legal or Actual Custodian]

Please 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 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:

VERIFICATION OF INCOME MUST BE PROVIDED BEFORE THIS FEE WAIVER APPLICATION WILL BE ACCEPTED (tax returns, W-2 form, payroll stub, etc) _____

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.
