

**STANDARD FEE WAIVER APPLICATION**

Date \_\_\_\_\_

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

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

Name of student: \_\_\_\_\_

Grade in school \_\_\_\_\_

Name of student: \_\_\_\_\_

Grade in school \_\_\_\_\_

Name of student: \_\_\_\_\_

Grade in school \_\_\_\_\_

Attendance Center/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:

\_\_\_\_\_

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.

**Approved: April 14, 1999**  
**Reviewed: January 9, 2013**