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 _____

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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 _____

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

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 _____