Code No. 503.3E1

**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

\_\_\_\_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.