

STUDENT PERSONNEL

Series 500

Policy Title: **Standard Fee Waiver Application**

Code No. **503.3E1**

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 non 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.