

**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)

\_\_\_\_\_ 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 applies, 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