



SCHOOL FEE WAIVER APPLICATION

If your child(ren) qualifies for free or reduced-price meals, you may also be eligible for other benefits. By signing this waiver, your child(ren) will be considered for a full or partial waiver of textbook fees and/or driver education fees.

YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS. That is a separate process - either by Direct Certification or by filling out a free/reduced meal application.

I understand that I will be releasing information that will show that I applied for free/reduced-price school meal assistance for my child(ren). I give up my rights to confidentiality for waiver of school fees ONLY. I certify that I am the parent/guardian of the child(ren) for whom the application is being made.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

List Students in the Household (First & Last Names AND Grade in School)

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

Full Waiver Qualification: Free meals offered under the Child Nutrition Program, Supplemental Nutrition Assistance Program (SNAP), The Family Investment Program (FIP), Supplemental Security Income (SSI), Foster Care, Medicare

Partial Waiver (50 %) Reduction Qualification: Reduced-price meals offered under the Childcare Nutrition Program, Medicare

*Please return the signed waiver form to: Adair-Casey CSD, ATTN: Cindy L. Lundy, 3384 Indigo Ave. Adair IA 50002
Or by email to Cindy L. Lundy: cllundy@acgcschool.org*