

All information provided in connection with this application will be kept confidential.

Name of parent/guardian: _____

Date _____ School year _____

Name of student: _____ Grade in school: _____

Name of student: _____ Grade in school: _____

Name of student: _____ Grade in school: _____

Name of student: _____ Grade in school: _____

Please check the type of waiver desired:

Full waiver _____ Partial waiver _____ Temporary waiver _____

Please check if the student or the student's family meet 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 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.

(Your signature is required for the release of information regarding the student or the student's family financial eligibility for the program checked above.)

Please return this completed form to the principal's office.

Adopted: 12/18/13

Reviewed: 2/27/17