

## FEE WAIVER STATEMENT

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is school fees. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees. I understand that I will be releasing information that will show that I applied for free and reduced price school meals 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.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved      \_\_\_\_\_ Denied      \_\_\_\_\_ Date \_\_\_\_\_  
(school official)

### YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.

Name of Student \_\_\_\_\_ Grade in School \_\_\_\_\_

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Name of Student \_\_\_\_\_ Grade in School \_\_\_\_\_

Please check type of waiver desired:

\_\_\_\_\_ Full Waiver      \_\_\_\_\_ Partial Waiver      \_\_\_\_\_ Temporary Waiver

Please check if 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 Child Nutrition Program
- \_\_\_\_\_ The Family Investment Program (FIP)
- \_\_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_\_ Foster Care

#### Partial Waiver

- \_\_\_\_\_ Reduced Price Meals offered under the Child Nutrition Program

#### Temporary Waiver

\_\_\_\_\_ If none of the above apply, but you wish to apply for temporary waiver of school fees because of serious financial problems, please state the reason for the request:

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