

503.3E1 Standard Fee Waiver Application

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 _____

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 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: _____
