EXHIBIT 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 _____

Name of student: _____ Grade in school _____

Name of student: _____ Grade in school _____

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 (CNP)

☐ ☐ 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 _____
