

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:						
<input type="checkbox"/> Full waiver	<input type="checkbox"/> Partial waiver	<input type="checkbox"/> 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:						
<u>Full waiver</u>						
	Free meals offered under the Children Nutrition Program (CNP)					
	The Family Investment Program (FIP)					
	Transportation assistance under open enrollment					
	Foster care					
<u>Partial waiver</u>						
	Reduced priced meals offered under the Children Nutrition Program					
<u>Temporary waiver</u>						
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						
