

2011-2012 STANDARD FEE WAIVER APPLICATION GRADES EK-12

Date _____

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

Name of Students (s)	Grade in School	Attendance Center
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Printed names of parent/guardian, legal or actual custodian: _____

Please check type of waiver desired:

Full waiver _____ Partial waiver _____ Temporary Waiver _____

Please check if the student or student's family meets the financial criteria or is involved in one of the following programs:

Full waiver:

- _____ Free meals offered under the Children Nutrition Program
- _____ 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 fees because of serious financial problems, please state the reason for the request.

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 application is being made.

Signature of parent, guardian, legal or actual custodian _____ Date _____

Address: _____

Denial of a waiver may be appealed pursuant to the District Student Complaint Procedure Board Policy 529.

OFFICE USE ONLY:

Approved for:

Full waiver _____ Partial waiver _____ Temporary Waiver _____ Denied _____

Date _____ By _____