

**2024-2025 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.

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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 to Dr. Dani Trimble, Superintendent, Ballard Community School District

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Low Cost Health Insurance for Children:

Low-Cost Health Insurance for Children If your children do not have health insurance, many families getting free or reduced-price meals can also get free or low-cost health insurance for their children. The law requires public schools to share your free and reduced-price meal eligibility information with Medicaid & Hawki, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to share this information. Specifically, we will give them your child's name, your name & address. Medicaid & Hawki can only use the information to identify children who may be eligible for free or low-cost health insurance and contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose or to share it with any other entity or program. You are not required to allow us to share this information, it will not affect your child's eligibility for free or reduced-price meals. If you do NOT want your information shared with Medicaid or Hawki, you must tell us by completing the information below. If you want further information, you may call Hawki at 1-800-257-8563. Also, if you are already receiving Medicaid or Hawki, please sign below. This will avoid another contact. My signature below indicates I DO NOT want school officials to share information from my free and reduced-price meal application with Medicaid or Hawki.

Parent/Guardian Name

(Printed) \_\_\_\_\_ Signature \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

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OFFICE USE ONLY:

Approved for:

Full waiver \_\_\_\_\_ Partial waiver \_\_\_\_\_ Temporary Waiver \_\_\_\_\_ Denied \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_