

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

Name of parent/guardian: \_\_\_\_\_

Date \_\_\_\_\_ School year \_\_\_\_\_

Name of student: \_\_\_\_\_ Grade in school: \_\_\_\_\_

Name of student: \_\_\_\_\_ Grade in school: \_\_\_\_\_

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Name of student: \_\_\_\_\_ Grade in school: \_\_\_\_\_

Please check the type of waiver desired:

Full waiver \_\_\_\_\_ Partial waiver \_\_\_\_\_ Temporary waiver \_\_\_\_\_

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

Full waiver

- \_\_\_\_\_ Free meals offered under the Children Nutrition Program
- \_\_\_\_\_ 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.

*(Your signature is required for the release of information regarding the student or the student's family financial eligibility for the program checked above.)*

Please return this completed form to the principal's office.

Adopted: 12/18/13

Reviewed: 2/27/17; 6/27/22