

FEE WAIVER APPLICATION

(One application per family)

Date: _____ School Year: _____

All necessary information collected for this application will be kept confidential.

First Name	Last Name	School	Grade

Please check type of waiver desired and then check if the student or the student's family meets the financial eligibility criteria or is involved in one of the following programs:

- i) Full Waiver**
 - (a) Free meals offered under the Children Nutrition Program
 - (b) The Family Investment Program (FIP)
 - (c) Supplemental Security Income (SSI)
 - (d) Transportation assistance under open enrollment
 - (e) Foster Care
 - (f) J.T.P.A.**

- ii) Partial Waiver**
 - (1) Reduced priced meals offered under the Children Nutrition Program

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(s) for the request:

Please note that before your child/children can be approved for either partial or full waiver of school fees, you first must submit a completed application for

FREE AND REDUCED PRICE SCHOOL MEALS to determine your eligibility. If you have received a food stamp letter from Human Services, you do not need to complete a free and reduced price school meal application.

Signature of Parent/Guardian/Legal Custodian: _____

Name (Printed: First, Last): _____

Street Address/P.O. Box: _____

City/State/Zip: _____

Phone Number: _____

NOTE: Your signature is required for the release of information regarding the student or the student's family financial eligibility for the programs checked above.

Revised 05/01/09
Reviewed 12/22/14