

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: _____

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Attendance Center/School: _____

Name of parent, guardian: _____
or legal or actual custodian:

Please check type of waiver desired:

_____ Full Waiver _____ Partial waiver

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

Full Waiver:

- _____ Free meals offered under the Child Nutrition Program(CNP)
- _____ The Family Investment Program(FIP)
- _____ Transportation assistance under open enrollment
- _____ Foster Care

Partial Waiver:

- _____ Reduced priced meals offered under the Child Nutrition Program

Name of parent, guardian: _____
or legal or actual custodian:

Cross Reference:

501.16 Homeless Children and Youth

Approved: 02/10/1997

Reviewed: 03/18/2024

Revised: 03/18/2024