STANDARD FEE WAIVER APPLICATION

Date	_	School year
All information provided in	connection with this application	n will be kept confidential.
Name of student:		Grade in school
Name of student:		Grade in school
Name of student:		Grade in school
Attendance Center/School:		
Name of parent, guardian: or legal or actual custodian		
Please check type of waiver	desired:	
Full waiver	Partial waiver	Temporary waiver
Please check if the student of one of the following program		financial eligibility criteria or is involved in
<u>Full waiver</u>		
The Family	offered under the Children Nutri Investment Program (FIP) on assistance under open enroll	
Partial waiver	Reduced priced meals offer	ed under the Children Nutrition Program
Temporary waiver		
	out you wish to apply for a temptate the reason for the request:	porary waiver of school fees because of serious
Signature of parent, guardia or legal or actual custodian		