

STANDARD FEE WAIVER APPLICATION

Date _____

School year 2026 – 2027

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

Name of student _____ Grade in school _____

Name of parent, guardian _____
or legal or actual custodian

Please check the type of waiver desired:

Full waiver _____ Partial waiver _____ Temporary waiver _____

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

Full waiver

_____ Free meals offered under the Children's Nutrition Program

_____ The Family Investment Program (FIP)

_____ Transportation assistance under open enrollment

_____ Foster care

Partial waiver

_____ Reduced-priced meals offered under the Children's 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

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