STANDARD FEE WAIVER APPLICATION

Date	-	School year
All information provided in c	onnection with this applicatio	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 of	lesired:	
Full waiver	Partial waiver	Temporary waiver
The Family In	fered under the Children Nutri ivestment Program (FIP) n assistance under open enroll	
Partial waiver	_ Reduced priced meals offer	ed under the Children Nutrition Program
Temporary waiver		
If none of the above apply, be financial problems, please sta		porary waiver of school fees because of seriou
inalicial problems, picase sta	the reason for the request.	