

STUDENT FEE WAIVER APPLICATION

Students whose families meet the income guidelines for free and reduced price lunches are eligible to have expenses of certain fees, specialized equipment, specialized attire and project materials waived as provided by district policy. All information provided in connection with this application will be kept confidential. This waiver does not carry over from year to year and must be completed annually.

ALL INFORMATION REQUESTED ON THIS FORM MUST BE COMPLETED FOR THE FEE WAIVER APPLICATION TO BE PROCESSED

PLEASE PRINT

Date Completed: _____

Name of Parent or Guardian: _____

Street Address: _____

City, State, Zip Code: _____

<u>Student Name(s)</u>	<u>School Attending</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your signature below is required for the release of information regarding the student or student’s family financial eligibility for student fee waivers. Without your signature, this application cannot be processed.

Signature of parent or guardian: _____

Specific fees, equipment, attire or materials to which this waiver applies:

Administrator’s signature: _____

