

# STUDENT FEE WAIVER APPLICATION

(Students from the same family can be listed on one form )

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is school fees. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of book/paper fees. I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren). I give up my right to confidentiality for waiver of student fees ONLY.

I certify that I am the parent/guardian of the child(ren) for whom application is being made.

Signature of Parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_