



Linn-Mar Community School District
Standard Fee Waiver Application

School Year: _____ Date: _____

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

Name of student: _____ Grade in school: _____

Building: _____

Name of parent/guardian: _____
(Or legal/actual custodian)

Address: _____

Please check 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 Nutrition Program
Family Investment Program (FIP)
Supplemental Security Income (SSI)
Transportation assistance under open enrollment
Foster care

Partial Waiver:

- Reduced priced meals offered under the Children 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/actual custodian)

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

Administrative Action: Approved _____ Denied _____

By: _____ Date _____

Completed fee waiver forms shall be filed annually and will remain on file in the school office for five years.