



Linn-Mar Community School District Standard Fee Waiver Application

School Year:	Date:
All information provided in connection w	ith 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 Waiv	er Temporary Waiver
Please check if the student or the studer involved in one of the following program	nt's family meets the financial eligibility criteria or is s:
Full Waiver:	
Free meals offered under the C Family Investment Program (F Supplemental Security Income Transportation assistance under Foster care	IP) (SSI)
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 ramily's financial eligibility for the progra	release of information regarding the student or the ms checked above.
Administrative Action: Approved	Denied
Ву:	Date

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