

Policy 505.3-E Standard Fee Waiver Application

School Year: _____

Date: _____

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

Name of Student: _____ Grade: _____

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 status
- _____ 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.

Please return this form to:
Linn-Mar Community School District
Business Office
2999 N 10th Street
Marion IA 52302