

**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:

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**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  
3556 Winslow Road  
Marion IA 52302

Reviewed: 7/13; 10/14; 11/17; 12/20  
Revised: 10/23; 9/24  
Related Policy: 505.3; 505.3-R