

Standard Fee Waiver Application

Code No. 503.3E1

Date _____

School year _____

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

Student's First Name _____	Last Name _____	Grade in School _____	School _____
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Student's First Name _____	Last Name _____	Grade in School _____	School _____
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Student's First Name _____	Last Name _____	Grade in School _____	School _____
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Name of parent, guardian: _____
or legal or actual custodian _____

Address _____
Telephone No. _____

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
- ☐ The 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:

____ Yes ____ No: I give permission for school officials to release my child(ren)'s free and reduced price meal eligibility status and my name and address to Medicaid and HAWK-I (Healthy and Well Kids in Iowa) insurance programs. Medicaid and HAWK-I officials may use this information to contact me with more information concerning my potential eligibility for their programs. **This release of information is not an application to receive health insurance benefits.**

Signature of parent, guardian or legal or actual custodian: _____

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