

STANDARD FEE WAIVER APPLICATION

Date: _____ School year: _____

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

Name of student: _____ Grade: _____ School: _____

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Please check if the student or student's family meets the financial eligibility criteria or is involved in one of the following programs:

_____ Free School Fees including Textbooks, Driver's Education and Activities

_____ Reduced School Fees including Textbooks, Driver's Education and Activities

_____ Transportation assistance under open enrollment

_____ Foster Care

_____ 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:

I understand that I will be releasing information that will show I applied for free and reduced price school meals for my child. I give up my rights to confidentiality for the above marked purpose only. This authorization is in effect for one year. I understand that I may revoke this release in writing at any time.

I certify that I am the parent of the child whom application is being made.

Parent/Guardian _____ Date _____

Determining Official _____ Date _____

Approved 2/24/16

Grinnell-Newburg School District, Grinnell, IA