

STANDARD FEE WAIVER APPLICATION

Date: _____ School Year: _____

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

Name of Student: _____ Grade in School: _____

Name of parent, guardian or legal/actual custodian: _____

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 Child 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: _____

Signature of parent/guardian, or legal/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.

RUTHVEN/AYRSHIRE COMMUNITY SCHOOL BOARD OF DIRECTORS