

Student Fee Waiver Application

Students whose families meet the income guidelines for free and reduced price lunches are eligible to have expenses of certain fees, specialized equipment, and specialized attire waived as provided by district policy. This waiver does not carry over from year to year and must be completed annually.

Student's Name: _____ School/Grade: _____

Parent/Guardian: _____ Date: _____

Explanation for Waiver Request: _____

I hereby agree to waive all confidentiality rights associated with the free/reduced meal program thereby allowing this waiver request information to be shared with appropriate school district personnel.

Parent/Guardian signature: _____ Date: _____

All applicants for the fee waiver must have a free/reduced meal application form completed and on file with the school office. If that has not been done, please complete the form and attach it to this waiver form when returning it to office personnel.

Waiver of fees is approved: Yes _____ No _____

Fees _____ to _____ be _____ waived:

Reasons for denial of request:

- All requested documents not completed/submitted.
- Student does not qualify for free/reduced lunch.
- Student did not meet deadlines for request of fee waiver.
- The fee/costs requested to be waived did not meet state guidelines for allowable fee waivers.

Other reasons: _____

Administrator's signature: _____ Date: _____