

**STUDENT FEE WAIVER APPLICATION FORM**

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

Date \_\_\_\_\_ School Year \_\_\_\_\_

Parents or guardian:

\_\_\_\_\_  
Mother's Name (first, last) / Father's Name (first, last)

Name of student/s and grade/s in school: \_\_\_\_\_

(first name, last name) Grade

\_\_\_\_\_  
(first name, last name) Grade (first name, last name) Grade

\_\_\_\_\_  
(first name, last name) Grade (first name, last name) Grade

Please circle type of waiver desired / believed eligible for: **Full waiver** **Partial waiver**

Please check if the student or the student's family meets the financial eligibility criteria or is involved in any 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

\_\_\_\_\_  
Signature of parent, guardian or legal or actual custodian

LEGAL REFERENCE: Iowa Code §§ 256.7(20); 279.8; 280.10, .11; 282.6; 285.1; 301.1 (1995). 281 I.A.C. 18. 1994 Op. Att'y Gen. 23. 1990 Op. Att'y Gen. 79. 1982 Op. Att'y Gen. 227. 1980 Op. Att'y Gen. 532.

DATE OF ADOPTION: July 15, 1996  
DATE OF REVIEW: October 17, 2005  
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