STUDENT FEE WAIVER APPLICATION

Date: School:	
All information provided in connection with this application will be kept confidential.	
Name of Student: Grade:	
Name of parent, guardian: (or legal or actual custodian)	 _
Please check type of waiver desired:	
Full waiver Partial waiver	
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 for financial eligibility for the programs checked above.	
For Office Use	
Please check if the student or the student's family meets the financial eligibility criteria or is involved the following programs:	in one of
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 Child Nutrition Program (40% Reduction applies only to required school fees. Does not apply to options	ıl items.)
Waiver Disapproved - Criteria for waiver not met. Student Fees must be paid at the office.	e building
<u>. </u>	
School Official Date	
BURLINGTON COMMUNITY SCHOOL DISTRICT	
proved: 1-11-10 Reviewed: 11-15-21 Revised:	