

**HARTLEY-MELVIN-SANBORN
STUDENT FEE WAIVER APPLICATION**

*ALL INFORMATION PROVIDED IN CONNECTION WITH THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

Date _____ School Year _____

Name of student(s): _____ Grade(s) in school _____

Name of parent, guardian, _____
 or legal or actual custodian: (Please circle appropriate status)

Please check if the student(s) 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 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

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:

Please check type of waiver desired:

_____ Full Waiver
 _____ Partial Waiver
 _____ Temporary 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 family financial eligibility for the programs checked above.