HARTLEY-MELVIN-SANBORN STUDENT FEE WAIVER APPLICATION

Name of student(s): Carade(s) in school	Date	School Year		
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 involv 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 becau of serious financial problems, please state the reason for the request: Please check type of waiver desired: Full Waiver Partial Waiver	Name of student(s):			Grade(s) in school
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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 becau of serious financial problems, please state the reason for the request: Please check type of waiver desired: Full Waiver Partial Waiver	Please check if the studin one of the following	dent(s) or the student's familg programs:	ly meets the financial eli	gibility criteria or is involved
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	Full Waiver	The Family Investment Pro Supplemental Security Inco Transportation assistance u	ogram (FIP) ome (SSI)	ogram
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: ———————————————————————————————————		Reduced priced meals offer	red under the Children N	Nutrition Program
Partial Waiver	If none of the	above apply, but you wish to incial problems, please state	apply for a temporary we the reason for the reques	waiver of school fees because st:
Partial Waiver				
Partial Waiver	Please check type of w	vaiver desired:		
	7.			
Signature of parent, guardian,	Signature of parent. gu	uardian,		

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.