

Series 500 – Student Personnel

Policy Title: WAIVER OF FEES APPLICATION

Policy Code No. 505.13F

WAIVER OF FEES APPLICATION

Applications must be renewed annually

Please complete one form for each school building where you have children attending.

Date: _____ School Year: _____

NAMES OF CHILDREN:

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

TELEPHONE NUMBER: (Home) _____ (Work) _____

If you are eligible for free lunches, fees will be waived. If eligible for reduced lunches, fees will be reduced to 40%. Students or families with temporary hardships may have fees temporarily waived.

Number of family members living in the household: _____

Weekly Earnings: _____

Bi-Weekly Earnings: _____

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Monthly Earnings: _____

Annual Earnings: _____

SIGNATURE OF PARENT/GUARDIAN: _____

If your household income increases, you are required to refile this form. You will be notified if you do not qualify.

ACTION: Approved: Yes _____ No _____ Reduced _____ Full Waiver _____

DATE: _____

Date of Adoption 08/12/1996
Review Date 02/13/2006
Revision Date

Legal Ref.: Code of Iowa 281-18.1-5(256), 256.7(20)

Cross Ref.: