

LINN-MAR COMMUNITY SCHOOL DISTRICT  
STANDARD FEE WAIVER APPLICATION

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

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

Name of student: \_\_\_\_\_ Grade in school \_\_\_\_\_

Building: \_\_\_\_\_

Name of parent, guardian: \_\_\_\_\_  
(or legal or actual custodian)

Address: \_\_\_\_\_

Please check type of waiver desired:

Full waiver \_\_\_\_\_ Partial waiver \_\_\_\_\_ Temporary waiver \_\_\_\_\_

Please check if the student 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:

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.

Administrative Action: Approved \_\_\_\_\_ Denied \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_