

**STANDARD FEE WAIVER APPLICATION**

Date \_\_\_\_\_

School year \_\_\_\_\_

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

Name of student: \_\_\_\_\_

Grade in school \_\_\_\_\_

Name of student: \_\_\_\_\_

Grade in school \_\_\_\_\_

Name of student: \_\_\_\_\_

Grade in school \_\_\_\_\_

Attendance Center/School: \_\_\_\_\_

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

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 (CNP)
- \_\_\_\_\_ The Family Investment Program (FIP)
- \_\_\_\_\_ 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

Legal Reference: Iowa Code § 256.7; 279.8; 280.10; 280.11; 282.6; 285.1; 301.1;  
281 I.A.C. 18.2

Cross Reference: 501.16 Homeless Children and Youth

Approved 9-16-24 Revised 8-19-24