

Paton-Churdan Community School School Fee Waiver Application

Date _____

School Year _____

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

Name of student(s)

Grade _____
Grade _____
Grade _____
Grade _____

Name of parent/guardian: _____

Please check type of waiver desired:

_____ Full _____ Partial _____ Temporary

Please check if the student of 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
_____ Family Investment Program (FIP)
_____ Supplementary 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 _____

Your signature is required for the release of information regarding the student or the student's family financial eligibility for the programs checked above.