



**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 \_\_\_\_\_

Completed fee waiver forms shall be filed annually and will remain on file in the school office for five (5) years.