

PANORAMA COMMUNITY SCHOOL DISTRICT

STANDARD FEE WAIVER APPLICATION

Date _____

School year _____

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

Name of student(s): _____ Grade in school _____

_____ Grade in school _____

_____ Grade in 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

___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.