

Bettendorf Community School District
STUDENT FEE WAIVER APPLICATION 2016-2017

If your child qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is school fees. If you sign this waiver, your child will be **considered** for a full, partial or temporary waiver of school fees. **This waiver does not carry over from year to year and must be completed annually.**

PLEASE COMPLETE ONLY ONE APPLICATION PER FAMILY. ALL INFORMATION REQUESTED ON THIS FORM MUST BE COMPLETED FOR THE FEE WAIVER APPLICATION TO BE PROCESSED.

Please print clearly.

Date Completed: _____

Name of parent, guardian, or legal/actual custodian

Street Address

City, State, Zip

<u>Student Name</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your signature below is **REQUIRED** for the release of information regarding the student or the student's family financial eligibility. Without your signature, this application cannot be processed.

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child. I give up my rights to confidentiality for waiver of school fees **ONLY**.



Signature of parent, guardian or legal/actual custodian

Date

For Office Use Only:

Date Approved: _____

Full _____

Partial _____

Temporary Approval _____ **Expires:** _____ **Mo.** _____ **Day**