

**Anamosa Community School District  
Standard Fee Waiver Application**

School Year: \_\_\_\_\_

Date: \_\_\_\_\_

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

Name of students: \_\_\_\_\_

\_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_  
(Or legal/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
- \_\_\_\_\_ Family Investment Program (FIP)
- \_\_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_\_ Transportation assistance under open enrollment status
- \_\_\_\_\_ 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/actual custodian)

Note: Your signature is required for the release of information regarding the student or the family's 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 Nutrition office for five years.*