

Application for Waiver of Fees

Student's Name _____			
<i>Last Name</i>		<i>First Name</i>	
Student's Address _____			
<i>City</i>		<i>State</i>	
<i>ZIP Code</i>			
Student's Age _____	Date of Birth _____	Sex _____	Student's Phone Number _____
School _____	Grade _____	Homeroom/Classroom _____	

Name of Parent/Guardian _____

Address of Parent/Guardian _____

Home Telephone _____ If none, number of nearest neighbor _____

In the chart below, list the Name, Birthdate, School, and Grade for **all other** children in the home:

NAME	BIRTHDATE	GRADE	SCHOOL ATTENDING

Employment Status of Parent/Guardian:

Mother: Employed Unemployed

Employer's Name _____ Address _____

Father: Employed Unemployed

Employer's Name _____ Address _____

Gross Family Income from last Income Tax Return _____

1. Is the family presently receiving or eligible to receive any type of financial aid from the Kentucky Cabinet for Health & Family Services? YES NO

2. If your child is granted free/reduced price meal status, do you grant permission for school food service personnel to disclose that information to the following District personnel for the sole purpose of determining if your child is eligible for a fee waiver for such activities as textbook rental and field trip fees, etc.?
 - School administrators
 - Other District personnel, such as activity sponsors, who do not otherwise have access to information in connection with the School Nutrition program. YES NO

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3. If your child is eligible under the Community Eligibility Provision (CEP), do you grant permission for the FRAM coordinator to disclose that information to the following District personnel for the sole purpose of determining if your child is eligible for a fee waiver for such activities as textbook rental and field trip fees, etc.?

- School administrators
- Other District personnel, such as activity sponsors, who do not otherwise have access to information in connection with the Community Eligibility Provision. YES NO

- Failure to sign this consent statement will not affect your child’s eligibility or participation for the program.
- The recipient will be required to maintain confidentiality of the information.

Comments: _____

Parent/Guardian’s Signature

Date

APPLICATION APPROVED DENIED _____

Central Office Designee’s Signature

Date

Review/Revised:6/12/2017