DALLAS CENTER-GRIMES COMMUNITY SCHOOL

2016-17 School Year Fee Waiver Application

Book Fees, Band Fees, Drivers Education

(Optional Form)

* Only One Form per Household

Complete only if you wish to apply for a fee waiver.

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

Child(ren) Name(s): _____Grade_____

_____Grade____ _____Grade_____

_____Grade____ _____Grade_____

Name of parent/guardian_____

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 or Partial Waiver

_____ The Family Investment Program (FIP)/Please list ID# _____

_____ Supplemental Security Income (SSI)/Please list ID# _____

_____ Income guidelines/Please list income $ _____

_____ Foster care

Temporary Waiver

If none of the above applies, but you wish to apply for a temporary waiver of school fees because of serious financial problems, please state the reason for the request:

_____

_____

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. Some of these benefits are book fees, band fees, drivers education. If you sign this waiver, your child(ren) will be considered for a full or partial waiver.

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

I certify that I am the parent/guardian of the child(ren) for whom application is being made.

Signature of Parent/guardian _____**Date** _____

NOTE: COMPLETION OF THIS FORM DOES NOT QUALIFY YOUR CHILD TO GET FREE OR REDUCED PRICE SCHOOL MEALS.

_____ _____ _____ _____

Administration Signature Approved: Full Waiver Partial Waiver Temp Waiver

Not Approved: _____

If not approved, please explain:

_____

_____