

**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.  
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Administration Signature \_\_\_\_\_ Approved: Full Waiver Partial Waiver Temp Waiver

Not Approved: \_\_\_\_\_

If not approved, please explain:

\_\_\_\_\_  
\_\_\_\_\_