

GEORGE-LITTLE ROCK COMMUNITY SCHOOL DISTRICT
Part of Board Policy 503.3E1

STANDARD FEE WAIVER APPLICATION

Rev. 06/19

Date _____ School year _____

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

Name of student _____ Grade in school _____

Name of student _____ Grade in school _____

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Name of parent, guardian _____
or legal or actual custodian

Please check type of waiver desired

- Full waiver Partial waiver Temporary waiver

Please check if the student or student's family meets the financial eligibility criteria or is involved in one of the following programs:

Full waiver

- _____ Free meals offered under the Child Nutrition Program (CNP)
_____ The Family Investment Program (FIP)
_____ Transportation assistance under open enrollment
_____ Foster care

Partial waiver

- _____ Reduced priced meals offered under the Child Nutrition Program (CNP)

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 or actual custodian

Date _____