

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

STANDARD FEE WAIVER APPLICATION

Rev. 01-23

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 _____

Name of student _____ Grade in school _____

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