

Application for Waiver of Fees

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|--------------------------------|----------------------------|---------------------------------|-------------------------------------|
| 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 |
|------|-----------|-------|------------------|
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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