

Carlisle Community Schools  
2009-2010  
Standard Fee Waiver Application

If you qualify for free or reduced price meals then you also qualify for either free or reduced price book fees. You will need to complete, sign, and return this form with your Free and Reduced Application.

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

Names of students: \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

Name of parent, guardian: \_\_\_\_\_  
Or legal or actual custodian (Please Print)

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 Waiver

- \_\_\_\_\_ Free meals offered under the Children Nutrition Program
- \_\_\_\_\_ The Family Investment Program (FIP)
- \_\_\_\_\_ Transportation assistance under open enrollment
- \_\_\_\_\_ Foster care

Partial Waiver

- \_\_\_\_\_ Reduced priced meals offered under the Children Nutrition Program

Signature of parent, guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
or legal or actual custodian

Note: Your signature is required for the release of information regarding the student or the student's family financial eligibility for the programs checked above.

|                            |                      |               |       |
|----------------------------|----------------------|---------------|-------|
| <i>For Office Use Only</i> |                      |               |       |
| Full Waiver _____          | Partial Waiver _____ | _____         | _____ |
|                            |                      | SFA Signature | Date  |