

School District of Black River Falls Standard Fee Waiver Application

(all fees with the exception of optional participation activities and fines – ie., resale, yearbook, organization memberships, parking permits, etc)

Date:	School Year:						
All information provided in connection with this application will be kept confidential.							
Parent/Guardian (or legal custodian) name:							
Student Name:	Grade:						
Student Name:	Grade:						
Student Name:	Grade:						
Student Name:	Grade:						
Please check type of waiver desired:FullPar	rtialTemporary						
If the student(s) or the student's family meets the fina following programs, please check below:	ancial eligibility criteria or is involved in one of the						
Full Waiver							
Free meals offered under the Childre Wisconsin Works (W-2) program Supplemental Security Income (SSI) Transportation assistance under Open Foster care							
Partial Waiver							
Reduced priced meals offered under t	the Children Nutrition Program						
Temporary Waiver							
If none of the above applies, but you wish to apply for financial problems, please state the reason for the req	or a temporary waiver of school fees because of serious quest:						

Signature of par	rent/guardia	n (or legal or	actual custodian)):	 	
Appro	ve/	_Denied by _			 ,	, Principal

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. To ensure confidentiality, send your application to the principal of your oldest child's school. If you disagree with the decision of the principal, an appeal can be made to the district administrator.