

## STUDENT FEE WAIVER APPLICATION

Date \_\_\_\_\_

School Year: \_\_\_\_\_

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

Name of student: \_\_\_\_\_ Grade/School \_\_\_\_\_

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Name of parent, guardian,  
or legal or actual custodian: \_\_\_\_\_This includes all required student fees (registration, driver's ed and instrument rental.)

Please check type of waiver desired:

Full Waiver \_\_\_\_\_ Partial Waiver \_\_\_\_\_

Temporary Waiver \_\_\_\_\_

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 Child Nutrition Program (CNP)

\_\_\_\_\_ The Family Investment Program (FIP)

\_\_\_\_\_ Transportation assistance under open enrollment

\_\_\_\_\_ Foster Care

Partial waiver

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

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: \_\_\_\_\_

hawk-i/Medicaid Information Form

Read this information and sign if you decide you do not want your name released to hawk-i or Medicaid.

If your children do not have health insurance, you will be interested to know that many families getting free and reduced price meals can also get free or low-cost health insurance for their children.

The law now requires schools to share your free and reduced price meal eligibility information with Medicaid and hawk-i, the State's medical insurance program for children. Specifically, we will give them your child's name and your name and address. Medicaid and hawk-i can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose.

You are not required to allow us to share information from your children's free and reduced price meal application with Medicaid or the hawk-i program. It will not affect your children's eligibility for free and reduced price meals. If you do **NOT** want your information shared with Medicaid or hawk-i, you must tell us by completing the information below at the time you complete your free/reduced application. If you want further information, you may call hawk-i at 1-800-257-8563.

I DO NOT want school/home sponsor/child care or Head Start center officials to share information from my free and reduced price meal application with Medicaid or hawk-i. Also, if you are already receiving Medicaid or hawk-i, please sign below. This will avoid another contact.

Child's Name: \_\_\_\_\_

School/Child Care/Head Start Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_

School/Child Care/Head Start Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_

School/Child Care/Head Start Center: \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_