



School Fee Waiver Form
(First-time request for each school year)

This form represents a request by parents/legal guardians to have the Beatrice Public Schools waive fees for certain activities. In order for this waiver to be considered, these steps must be followed:

- Complete the attached form and provide verification of the data listed. Failure to submit this information will result in denial of waiver, regardless of free or reduced status. All documentation remains the property of the school district and will not be returned.
- Valid waiver request must be submitted at least 7 days before the fee is due. Since waiver request can be denied due to missing information, the student may still be required to pay fee if a valid waiver form is not on file.

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Name of Student(s): _____

School Attending: _____ **Grade:** _____

Please list the fee(s) to be waived:

By signing this form, the Parent/legal guardian agrees to waive all confidentiality rights associated with the free or reduced lunch program. Parent/legal guardian understands that the student fee waiver verification process can change the student's lunch status from free/reduced to full pay.

Parent/Guardian Signature: _____ **Date:** _____

Residence/Address: _____ **Daytime Phone #:** _____

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(For BPS Staff Use Only)

- _____ **Waiver request is denied due to:** (please mark all that apply)
- _____ Proper verification documents were not attached to validate student fee waiver application
- _____ Items missing were:
- _____ Student does not qualify for free/reduced lunches per waiver verification.
- _____ The items requested to be waived do not meet state guidelines for allowable fee waivers.
- _____ Student currently owes for the following damages to specialized equipment provided to student:

_____ **Waiver request is approved.** **Value of the waiver:** _____

Signature of BPS staff member verifying: _____ **Date:** _____

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 2016-17

Part 1: Children in School			
List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child	Name of School Child Attends	Grade
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

Part 3: Total Household Gross Income – You must tell us how much and how often.

1. Household Members List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use income must be listed.	2. Gross Income (before taxes) and How Often it was Received					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often

Total Number of Household Members: (Children and Adults) _____ Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – ____ – ____ Check if no SSN

Part 4: Adult Signature and Contact Information – An adult household member must sign the application.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under applicable State and Federal laws."

Sign here: _____ Print name: _____ Date: _____

Street Address (if available): _____ Zip: _____ Daytime Phone: _____

Part 5: Children's Ethnic and Racial Identities – Optional

Check one Ethnic Identity: – and – **Check one or more Racial Identities:**

Hispanic or Latino Asian Black or African American Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino White American Indian or Alaskan Native

Do Not Fill Out the Section Below - For School Use Only

Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12

Total Household Size: _____

Total Income: _____ per _____

Year Month 2 X Mo Every 2 Wks Week

Free Reduced Denied

Income Reason for denial:

Categorically eligible: Income too high

SNAP/TANF/FDPIR Incomplete application

Foster Child

Signature of Determining Official: _____ Date Approved: _____

FOR THE VERIFICATION PROCESS ONLY:

Signature of Confirming Official: _____	Date Confirmed: _____	Date Withdrawn From School: _____
Signature of Verifying Official: _____	Date Verified: _____	