

**CENTER POINT-URBANA COMMUNITY SCHOOL
STANDARD FEE WAIVER APPLICATION
2011-12 School Year**

Name of Parent, Guardian or Legal or Actual Custodian (please print) _____

Date _____

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

Name of Student: _____ Grade _____

Name of Student: _____ Grade _____

Name of Student: _____ Grade _____

Name of Student: _____ Grade _____

Name of Student: _____ Grade _____

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 Children Nutrition Program
- The Family Investment Program (FIP)
- Supplemental Security Income (SSI)
- 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: _____

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.

Application for Waiver of Confidentiality

Optional: You do not have to complete this page to get free or reduced price school meals.

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is school fees. Applications for a student fee waiver can be obtained from the school. Please check any of the boxes below if you would like to waive confidentiality to receive information for any of the benefits listed below.

Health Insurance Yes. I want information on health insurance for my child(ren). School personnel may release my child(ren)'s free and reduced price meal eligibility status to school health or community health personnel working directly with Medicaid and *hawk-i*. **This release of information is not an application to receive health insurance benefits.**

Example 1:

Yes. School officials may release my child(ren)'s free and reduced price meal eligibility status and my name and address to school health or community health personnel for informational purposes. The organization may send me information about their Medicaid and *hawk-i* programs.

Example 2:

Yes. School officials may release my child(ren)'s free and reduced price meal eligibility status and address to authorized school personnel to determine eligibility for programs that provide holiday food baskets and gift certificates for eligible families.

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for the above marked purposes only. This authorization is in effect for one year. I understand that I may revoke this release in writing at any time. I certify that I am the parent/guardian of the child(ren) for whom application is being made.

Signature of Parent/guardian _____ Date _____

Address: _____

Phone: _____