

Akron Westfield Student Fee Waiver Application

Date _____

School year _____

Name of student: _____

Grade in School: _____

Name of student: _____

Grade in School: _____

Name of student: _____

Grade in School: _____

Name of student: _____

Grade in School: _____

Name of student: _____

Grade in School: _____

Attendance Center/School: _____

Name of parent, guardian: _____
or legal or actual custodian

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..

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

Temporary waiver

If you would like to apply for a temporary waiver of school fees because of serious financial problems, please do so in a detailed letter to the school, Attention: Kristin Blake.

To be completed by the office:

_____ Full waiver _____ Partial 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 wavier

_____ Free meals offered under the Children Nutrition Program

_____ Direct Certification(SNAP/TANF/Foster)

_____ Food Assistance Program(FA)/Family Investment Program (FIP)

_____ Foster care/Homeless

Partial waiver

_____ Reduced meals offered under the Children Nutrition Program