

Louisburg School District No. 416 2009-2010

APPLICATION FOR WAIVER OF SCHOOL BOOK/BUS FEES

Name of Parent _____

Address _____ Telephone _____

| Names Of Children In School | School Attending | Grade |
|-----------------------------|------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Total family income before deductions (gross salary): **(Complete only one)**

Yearly _____ Monthly _____ Other _____

If annual income exceeds guidelines on the reverse side, please state reasons for requesting waiver of fees, such as unusual expenses for medical reasons, or disaster loss, seasonal employment, etc.

Waiver of Confidentiality

Eligibility for free or reduced price meals may also be used to determine if your child is eligible for free or reduced bus fees or textbook rental. If you wish to see if your child(ren's) eligibility for free meals was determined through the Direct Certification Process, in no event will your eligibility for Food Stamps or Temporary Assistance to Families (TAF) be disclosed.

You do not have to complete this form to get free and reduced meals. I understand that signing this waiver is not a condition for receiving free or reduced priced meal benefits under the Child Nutrition Programs.

Signature _____ Date: _____
Principal

| | |
|-------------------------------------|--------------------------------|
| Textbook Fees Waived \$ _____ | Bus Fees Waived \$ _____ |
| Textbook Fees Reduced (35%)\$ _____ | Bus Fees Reduced (35%)\$ _____ |
| Textbook Fee Waiver Denied _____ | (\$65 or \$97.50) |
| | Bus Fee Waiver Denied _____ |

**(EACH BUILDING ENTER AMOUNT WAIVED
SUBMIT TO DISTRICT OFFICE)**