



Center Point - Urbana Community School District

Standard Fee Waiver Application

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) qualify for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is school fees.

Applications for 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.

_____ 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 information purposes. The organization may send me information about their Medicaid and hawk-i programs. **This release of information is not an application to receive health insurance benefits.**

_____ 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, gift certificates, organizational meals for eligible families and Camp Tanager.

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.

Parent/guardian signature _____ Date _____

Address: _____

Phone: _____



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Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) **Fax:** (202) 690-7442; or
- (3) **Email:** program.intake@usda.gov.

This institution is an equal opportunity provider.

Iowa Non-Discrimination Notice: "It is the policy of Center Point-Urbana Community School District not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities or employment practices as required by Iowa Code section 216.6, 216.7 and 216.9. If you have questions or grievances related to compliance with this policy by Center Point-Urbana Community School District, please contact the Iowa Civil Rights Commission, Grimes State office Building, 400 E 14th St, Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; Website: <https://icrc.iowa.gov/>".