



2023-2024 School Year Fee Waiver Application

Text Book Fees, Bus Pass Fees, Driver's Education Fees

Only One Form Per Household

You must complete this form if you wish to apply for a fee waiver.

All information provided in connection with this application will be kept confidential.
Return form to: Christy Hahn, Nutrition Administrative Assistant
email: hahnc@bfschools.org or mail/drop off 300 Garfield St. SW, Bondurant, IA 50035

School Fee Waiver

I would like to receive a school fee waiver for my child/children. School officials may release my child/children's free or reduced price meal eligibility status to determine eligibility for fee waivers.

___ YES ___ NO

Child/Children's Name(s) and Grade(s):

_____ Grade: _____ Grade: _____
_____ Grade: _____ Grade: _____
_____ Grade: _____ Grade: _____

Print Name of Parent/Guardian _____

WAIVER STATEMENT

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees. 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 waiver of school fees ONLY. I certify that I am the parent/guardian of the child(ren) for whom application is being made.

YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.

Signature of Parent/Guardian _____ Date _____

NOTE: COMPLETION OF THIS FORM DOES NOT QUALIFY YOUR CHILD TO GET FREE OR REDUCED PRICE SCHOOL MEALS.

Administration Signature _____ Date _____

___ Full Waiver

___ Partial Waiver