

Elmira High School 2018-19 College Related Fee Waiver Request

_____ is applying for a fee waiver for college related fees.
(Student's Name)

Students who are eligible for free or reduced lunch- price lunches (under the National School Lunch Act) qualify for these fee waivers. This application is to verify that _____ is currently on either free or reduced lunch for the 2018-19 school year.
(Student's Name)

I understand the following information is being used solely to determine eligibility requirements toward receiving a 2018-19 college related fee waiver, and that the information provided will be kept confidential. Failure to sign this form will not affect your student's status toward receiving Free & Reduced Lunch Program benefits.

Parent/Guardian Signature

Date

Lunch Program Coordinator Signature

Date