

Email Address: _____

2025-26 Fee Waiver Application

To apply for free uniform, the following must be completed.

1. Complete the Declaration of Household Income Form.
2. Complete this application, and return it to the school.

1. STUDENT INFORMATION (print)
Child's Name _____ Gender _____ Grade _____ Teacher _____
2. FOOD STAMP OR K-TAP CASE NUMBER
Food Stamp Number _____ or K-TAP Case Number _____
3. IF FOSTER CHILD:
List the child's monthly personal use income. Write "-0-" if the child has none. _____
4. HOUSE MEMBERS AND MONTHLY INCOME:
If you have a food stamp or K-TAP case number for the child, skip to PART 5.

Names of Household Members Adults (21 & Over)	Gross Monthly Income from Work (Before Deduction)	Monthly Welfare Payments, Child Support, Alimony	Monthly Payments From Pensions Retirement Social Security	Any Other Monthly Income
Last Name _____ First Name _____	\$	\$	\$	\$
Last Name _____ First Name _____	\$	\$	\$	\$
Last Name _____ First Name _____	\$	\$	\$	\$
Other Children				
Last Name _____ First Name _____ Age _____ School _____	\$	\$	\$	\$
Last Name _____ First Name _____ Age _____ School _____	\$	\$	\$	\$
Last Name _____ First Name _____ Age _____ School _____	\$	\$	\$	\$
Last Name _____ First Name _____ Age _____ School _____	\$	\$	\$	\$

5. SIGNATURE AND SOCIAL SECURITY NUMBER:			
<p>I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal law.</p>			
<p>_____</p> <p>Signature of Adult Household Member</p>	<p style="text-align: center;">XXX - XX - _____</p> <p style="text-align: center;">Last 4 digits of Social Security Number</p> <p>If no SSN, Check box <input type="checkbox"/></p>		
<p>Name on the Social Security Card</p>	<p>Home Phone Number () -</p> <p>Work Phone Number () -</p> <p>Cell Number () -</p>		
<p>Street</p>	<p>City</p>	<p>State</p>	<p>ZIP</p>

FOR SCHOOL USE ONLY

\$.	.	Food Stamp / K-Tap Household
\$.	.	Income Household
Total Household Monthly Income \$			

Application Approved for Free Uniform	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Application Denied Because:		
<input type="checkbox"/> Income over allowed amount		
<input type="checkbox"/> Incomplete / Missing		
<input type="checkbox"/> Others _____		

Signature / Initial of determining Official	Month	Day	Year
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