2025-26 SCHOOL YEAR FEE WAIVER APPLICATION
COLLINS-MAXWELL COMMUNITY SCHOOL DISTRICT

If your child(ren) qualifies for free or reduced-price meals, you may also be eligible for other benefits. By signing this waiver, your child(ren) will be considered for a full or partial waiver of eligible school fees*.

I would like my child(ren) to be considered for a school fee waiver

_____ YES _____ NO

Child(ren) Name(s) and Grade level(s):

Name:_____Grade: ___ Name:_____Grade: ___

Name:_____Grade: ___ Name:_____Grade: ___

Name:_____Grade: ___ Name:_____Grade: ___

Print Name of Parent/Guardian: _____

By signing below, I understand and agree to the following:

- The release of information to the District's Assessment Coordinator to allow him/her to inform parents and/or guardians of consideration for a full or partial waiver of:
  Books / Drivers Education / Transportation
- I am authorizing the release of information indicating that I have applied for free or reduced-price meals for my child(ren).
- School officials may release my child(ren)'s free or reduced-price meal eligibility status solely to determine eligibility for fee waivers.
- I understand all information provided will be kept strictly confidential and used only to determine eligibility for a waiver of school fees.
- I certify that I am the parent/guardian of the child(ren) listed in this application.

Signature of Parent/Guardian:_____ Date: ____ / ____ / ____

NOTE: Completion of this form does not qualify your child(ren) to receive free or reduced-price meals. If you wish to apply for 2025-26 school year meal benefits, please visit the District Office at 400 Metcalf St., Maxwell, IA 50161 or call (515) 387-1115.

*Disclaimer: This does not waive Preschool Tuition