

Our goal is to have everyone registered before school begins. To make the start of the school year run smoothly, we need time to register your student(s) with his/her teacher, post amounts to their lunch account, and schedule the bus routes.

**RETURN THIS FORM AND ALL OTHER PAPERS BY JULY 1. MAKE YOUR CHECK PAYABLE TO COLLINS-MAXWELL CSD.**

STUDENT NAME (PRINT)	GRADE	BOOK FEE \$50	LUNCH ACCOUNT	ACTIVITY TICKET \$50	TOTAL
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

ADULT ACTIVITY TICKETS (please print name to appear on ticket)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Number of adult tickets \_\_\_\_\_ @ \$75/ea \$ \_\_\_\_\_

(After July 1) – Family Late Fee: \$5.00 \$ \_\_\_\_\_

**(Late fees apply to everyone, even those who may qualify for free/reduced meals.)**

If applicable, outstanding fees owed from pervious school year(s). Invoice is enclosed. \$ \_\_\_\_\_

GRAND TOTAL \$ \_\_\_\_\_

If you believe you qualify for free or reduced meals, please sign the student fee waiver application located on the other side of this form. Fees will not be waived unless this is signed.

## STUDENT FEE WAIVER APPLICATION

PLEASE CHECK TYPE OF WAIVER DESIRED:  FULL WAIVER  PARTIAL WAIVER (\$20.00)  TEMPORARY WAIVER

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is book fees. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of book 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.

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. As reflected in district policy, temporary fee waiver cannot extend beyond the current school year. Please state when you will be able to complete fee payments.

SIGNATURE OF PARENT, GUARDIAN OR LEGAL CUSTODIAN: \_\_\_\_\_

Note: Your signature is required for the release of information regarding the student or the student's family financial eligibility for the program checked above **Please note: Waivers will not be accepted after the first day of school.**