

Rainbow Reduced Fee Application

Adult household applicant's name _____

Home Address _____

Street

City

State

Zip

Contact number _____

Home

Cell

Student's name _____

If applicable Case Number for child (MFIP, Food Stamps, or FDPIR) _____

If you do not have a case number please fill out the Income Information portion.

Income Information

Number of persons in your household _____

Write in the gross income of each adult in the household and how often it is received: weekly, bi-weekly (every two weeks), twice per month, monthly, or yearly. Do not write in hourly pay. If income fluctuates, write in the amount normally received.

Gross Wages and Salaries from all jobs before deductions	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker's Comp, Strike Benefits	Any Other Income, including net farm/ Self-Employment
\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____
\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____
\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____
\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____

***Please provide a copy of your last three pay stubs for verification purposes at time of registration.**

I certify that the information provided on this application is true and correct and that I have reported all household members and all household incomes. I understand that school officials may verify the information and that deliberate misrepresentation may subject me to prosecution under applicable laws.

Print Name _____

Signature _____

Date _____

Application with documentation needs to be turned into the Community Education Office at the time of Rainbow Registration. Community Education is located at 516 Industrial Blvd. Waconia, MN 55387