

**WAIVER STATEMENT**

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

Student Name \_\_\_\_\_ Grade in school \_\_\_\_\_  
Student Name \_\_\_\_\_ Grade in school \_\_\_\_\_  
Student Name \_\_\_\_\_ Grade in school \_\_\_\_\_  
Student Name \_\_\_\_\_ Grade in school \_\_\_\_\_  
Student Name \_\_\_\_\_ Grade in school \_\_\_\_\_  
Student Name \_\_\_\_\_ Grade in school \_\_\_\_\_

Full Waiver \_\_\_\_\_ Partial Waiver \_\_\_\_\_

I certify that I am the parent/guardian of the child(ren) for whom application is being made.

Signature of Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.**