OPTIONAL WAIVER STATEMENT

If your child(ren) qualifies for free or reduced-price meals, you may also be eligible for other benefits. 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.

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

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

Printed Name: _____

Family Lunch Name/ID#_____

Signature of Parent/guardian: _____

Date: _____

OFFICE USE		
Date Received:		Initials:
Date Building Secretary Notified:		Initials:
Full Fees Waived:	Yes	No
Partial Fees Waived:	Yes	No