



School Instructional Fee Waiver Adult Consent

(Return to building)

If you qualify for free or reduced price school meals you may be eligible to have Instructional fees waived or reduced. School Districts must obtain parent/guardian consent in order to use the free and reduced report to determine fee waiver eligibility for their student(s). Your permission allows this information to be shared with other programs in our district that may benefit you.

Your child(ren) may qualify for a waiver of their school instructional fees. We must have your permission to share your meal application information with school officials if your child qualifies for a fee waiver. Answering this question will not change whether your children will get free or reduced price meals.

* Please select one

Yes, I agree to have my meal application used to determine if my child qualifies for a fee waiver.

No, I do not agree to have my meal application used to determine if my child qualifies for a fee waiver.

Student Name _____ Grade _____

Parent/Guardian Signature _____ Date _____

Sharing Information with Other Programs

To save you time and effort, the information you provide on your Free and Reduced Price School Meals Application may be shared with other programs for which your child may qualify. For the following programs, we must have your permission to share your information. Answers to the following questions will not change whether your child receives free or reduced price meals.

Please select all that apply:

Yes, I DO want school officials to share information from my Free and Reduced Price School Meals Application with the school principal to determine possible intervention opportunities for my child.

Yes, I DO want school officials to share information from my Free and Reduced Price School Meals Application with the school principal and Athletic Director/Coordinator of K-12 Student Activities for the purpose of reducing pay-to-participate fees or other fees as allowed per the Board of Education.

Yes, I DO want school officials to share information from my Free and Reduced Price School Meals Application with the school principal to connect my child to community resources (i.e. PAWS on Child Hunger).

OR

No, I DO NOT want information from my Free and Reduced Price School Meals Application shared with any of these programs. I understand that I will be responsible for all fees, including Academic fees and all fees associated with any student activity that my child might participate in.

Student Name _____ Grade _____

Parent/Guardian Signature _____ Date _____

For Office Use Only: Date Received _____ Changed in InfoSnap _____