

WAIVER OF SCHOOL FEES

Dear Parent:

ONE FORM PER STUDENT

If you are currently receiving funds from the Federal School Lunch Program, Aid to Dependent Children (ADC) or Ohio's Disability Assistance Program, you are eligible for a waiver for any fees associated with participation in a course of study. (The waiver shall not apply for fees charged for participation in co-curricular or extracurricular activities.)

If you believe you are eligible for this waiver, please complete this form and return it promptly to the building principal. If you have any questions, contact the building principal or the Superintendent's office.

I, _____ (parent or guardian), believe my child (please provide the name of child you have in school for whom you are requesting Fee Waiver or Reduction) is eligible for waiver or reduction of fees.

Name: _____ Grade/Teacher: _____

I voluntarily disclose the following information to enable the District to determine eligibility for this waiver. I have included documentation verifying such.

_____ My children have been approved for the Reduced Lunch Program (50% Fee Reduction).

_____ My children have been approved for the Free Lunch Program.

_____ I currently receive assistance from ADC.
ADC Case Number _____

_____ I currently receive funds from the State's Disability Assistance Program.
Case Number _____

Signature of Parent or Guardian

Date

School Use Only:

Received By: _____ Date: _____
