WAIVER STATEMENT

If your child(ren) qualifies for free or reduced price mea	s, 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 waive	r 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 WAIV	R TO GET FREE OR REDUCED PRICE SCHOOL MEALS.
Signature of Parent/guardian	Date