

**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 **(must be specific)**(eg. book fees, band fees, drivers education). If you sign this waiver, your child(ren) will be considered for a full or partial waiver of **(list your specific 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.

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

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