WAIVER STATEMENT

If your child(ren) qualifies for free or reduced price meals, you may also be eligible fo full or partial waiver of school fees. I understand that I will be releasing information the	· · · · · · · · · · · · · · · · · · ·
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.	
Signature of Parent/guardian	_Date