

**SPRINGVILLE COMMUNITY SCHOOL DISTRICT
2025-26 FEE WAIVER STATEMENT**

If your child(ren) qualifies for free or reduced-price meals, you may also be eligible for other benefits. If you sign this waiver, return it to the Springville Community School District Office, located at 602 Mill Avenue, Springville, IA 52336 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 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.

Name of Parent/Guardian _____

Name and Grades of Student(s) _____

Signature of Parent/Guardian _____ Date _____