



August 2012

Dear Parent/Guardian:

Subject: Confidentiality Waiver for Fees

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. Listed below are specific program fees that you must check if you want to authorize the Food & Nutrition Services Department to disclose your free or reduced price meal status for consideration of full or partial waiver of the fees. Please check the box by each program fee listed below that you want your child(ren) to be considered for a waiver. Please sign and date the form for consideration of a fee waiver and return to any SEP building secretary or the Food & Nutrition Office.

- Textbook fees
- Transportation fees
- Driver's education
- Graduation fees
- Advanced placement exam fees
- Central Place new shoes/school supplies
- Spring Creek 6th Grade Planner

I understand that I will be releasing information that will show that I applied for free or reduced price school meals for my child(ren). I also understand that my rights to confidentiality will be extended to the registrar and school secretaries ONLY for waiver of the school fees that I have indicated above.

Name of child: First Name: _____ Last Name: _____ Grade _____

Name of child: First Name: _____ Last Name: _____ Grade _____

Name of child: First Name: _____ Last Name: _____ Grade _____

Name of child: First Name: _____ Last Name: _____ Grade _____

Name of child: First Name: _____ Last Name: _____ Grade _____

I certify that I am the parent/guardian of the child(ren) for whom application is being made.

Signature of Parent/guardian _____

Date _____

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