

# TEXTBOOK WAIVER FORM

7/20/18

\_\_\_\_\_, the parent/guardian of the following child(ren):  
Parent/Guardian

Name	Address	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

requests that the payment of the textbook fee for the **2018-2019** school year be waived due to the following extenuating circumstance: (Please be specific.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

-----  
**Waiver is granted**  
based on income  
eligibility guidelines and  
circumstance listed above

\_\_\_\_\_  
*School Official*

\_\_\_\_\_  
*Date*

**Reduced textbook fee**  
is granted based on  
income eligibility  
guidelines and  
circumstance listed above

\_\_\_\_\_  
*School Official*

\_\_\_\_\_  
*Date*

**Waiver is NOT granted**  
based on income  
eligibility guidelines and/or  
circumstance listed above

\_\_\_\_\_  
*School Official*

\_\_\_\_\_  
*Date*

**See the building administrator to work out a suitable payment plan.**

Royal Valley USD #337  
**Consent for Disclosure**  
Sharing Information with Other Programs

Dear Parent/Guardian:

**You do not have to sign or send in this form to get reduced price or free Child Nutrition Program benefits for your children. If you do not sign the Consent of Disclosure, it will not affect eligibility for or participation in the Child Nutrition Programs.**

To save you time and effort, information about your children's eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.

- Yes, I DO want school officials to share information about my children's eligibility for Child Nutrition Program benefits only with the programs I have checked below.**
- Textbook Waiver
  - Harvesters Back Pack Program
  - Royal Valley Little Panther Preschool
  - \_\_\_\_\_

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____	School: _____
Child's Name: _____	School: _____
Child's Name: _____	School: _____
Child's Name: _____	School: _____
Child's Name: _____	School: _____
Child's Name: _____	School: _____

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call or e-mail:

School Official's Name: Susan Pfrang Phone: 785-966-2246 E-Mail: pfrangs@rv337.org

Return this form to the address below by \_\_\_\_\_

Address: 101 W. Main, PO Box 219, Mayetta, KS 66509

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