## **WAIVER STATEMENT**

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for	or other benefits. If you sign this waiver, your child(ren) will be considered for a
full or partial waiver of school fees. I understand that I will be releasing information t	hat 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 cer	tify 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