

WAIVER REQUEST - PARTICIPATION FEE

PARENT OR GUARDIAN: To apply for a full or reduced waiver of the participation fee, please complete and return to the main office of your school.

1. STUDENT(S) FOR WHOM APPLICATION IS BEING MADE:

Name Grade School Activity

2. NAME OF PARENT/GUARDIAN _____

ADDRESS _____

PHONE #: _____

3. TOTAL NUMBER IN FAMILY (HOUSEHOLD): _____

(Do not include those members who no longer are family dependents.)

4. SPECIAL HARDSHIP CONDITION: Describe the nature of the hardship.

5. QUALIFIED FOR FREE LUNCH: Circle Yes or No

6. QUALIFIED FOR REDUCED PRICE LUNCH: Circle Yes or No

I HEREBY CERTIFY THAT ALL INFORMATION FURNISHED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Parent/Guardian

Date

The information you give on the application is confidential and will be used only for the purpose of determining eligibility for having the participation fee waived.

FOR SCHOOL USE ONLY

ACTION:

_____ Full Waiver _____ Reduced Waiver _____ Denied for the following reason:

Signature of Child Nutrition Personnel

Date