

**ATTENTION: IMPORTANT NOTICE:**

**DATE** \_\_\_\_\_

**PARENT'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

Households who have any child who qualifies for **FREE** lunches through **DIRECT CERTIFICATION**, can now include any other children in the household. Please list the names of all children in the household and include their student ID and grade on this letter and return to their school. They will be processed as soon as possible.

**INCLUDE THE FOLLOWING INFORMATION FOR ALL STUDENTS IN HOUSEHOLD:**

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>GRADE</b>	<b>STUDENT ID</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dear Parent/Guardian:

With the passage of House Bill 1 and legislative changes by the State, your child (ren) may be eligible for a student fee waiver if your child (ren) are **FREE**. To save you time and effort, the information you may have given on your Free and Reduced-Price School Meals Application may be shared with other programs for which your child (ren) may qualify. **For the following program(s), we must have your permission to share your information. Sending in this form will NOT change whether your child (ren) gets free or reduced-price meals.**

**\*Please note, if your child (ren) were directly certified for free or reduced-price meals, this form MUST be completed and returned for other program consideration. However, not sending in this form will NOT change whether your child (ren) gets free or reduced-price meals.**

No. I **DO NOT** want information from my Free and Reduced-Price School Meals Application (or Direct-Certification process, if applicable) shared with any of these programs.

**If you checked no, stop here. You DO NOT have to complete or send in this form. Your information will not be shared.**

Yes. I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application (or Direct-Certification process, if applicable) shared with the **student fee waiver** program.

**PARENT'S SIGNATURE** \_\_\_\_\_

**OR RETURN TO:  
KATHY WANEMACHER  
629 ARABELLA STREET  
DEFIANCE, OHIO 43512  
419-782-6382**

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