

# **\*\*School Fee Waiver Form\*\***

Direct Certification Students 2017-18:

***\*This form MUST be completed in order for FEES to be WAIVED.\****

DATE \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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:

FIRST NAME	LAST NAME	GRADE	STUDENT ID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*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. **We must have your permission to share your information. Sending in this form will NOT change whether your child (ren) gets free meals.**

**\*Please note, if your child (ren) were directly certified for free 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 meals.**

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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, sign below and return 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

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."