

DEFIANCE CITY SCHOOLS

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August 25, 2010

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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.

If you checked yes above, fill out the remainder of the form below. Your information will only be shared with program indicated above. Please use the back side of this form if additional space is needed.

Child's Name: _____ Grade: _____ School: High Middle Elem
(Please circle school attending)

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(Please circle school attending)

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Address: _____

For more information, you may call Lila Tobias, Food Service Director at 419.782.6382. Return this form to:

**ATTN: Lila Tobias, Food Service Director
Defiance City Schools
629 Arabella Street
Defiance OH 43512**