District 145 - Waverly

APPLICATION FOR FEE WAIVER AND SHARING INFORMATION CONSENT

(Both forms are required to be considered)

School Year 20__ - 20__

A new form must be completed for each student, do not put more than one student on a Fee Waiver Request Form

FEE WAIVER REQUEST

The Nebraska Public Elementary and Secondary Student Fee Authorization Act allows fee waivers for students who qualify for free or reduced-price lunches under United States Department of Agriculture child nutrition programs. The fee waivers give qualifying students the right to not have to pay certain student fees and to be provided with specialized materials for equipment to participate in certain activities. **Specifically, the fee waiver applies to: (1) participation in extracurricular activities, (2) use of a musical instrument in optional music courses that are not extracurricular activities.**

Participation in a free-lunch program or reduced-priced lunch program is not required to qualify for free or reduced-price lunches for purposes of this section.

The Board's Student Fee Policy 5033 states: ***Students or their parents must request a fee waiver prior to participation in the activity for which the waiver is sought, and prior to purchase of materials, attire, or equipment.*** To request a fee waiver, or to decline a fee waiver, complete the following:

☐ Yes! **I DO** want a fee waiver. I am requesting a fee waiver for the following. Fee waivers must be done before the fee is incurred.

Student Name: _____ Grade: _____

Activity or Course: _____ Cost: _____

Describe fee waiver or materials or equipment requested, including amount if known:

_____

_____

Activity or Course: _____ Cost: _____

Describe fee waiver or materials or equipment requested, including amount if known:

_____

_____

_____

Please indicate your students' school building.

School: ☐ Eagle ☐ Hamlow ☐ Waverly Intermediate ☐ Middle School

☐ High School

Parent/Guardian Signature: _____ Date: _____

This form is to be returned to the office of your student's school.

SHARING INFORMATION CONSENT

For the fee waiver program, we must have your permission to share your Application for Free or Reduced Meals information to confirm your eligibility for a fee waiver. The district will only share information with essential district personnel.

☐ No! I **DO NOT** want information from my Application for Free or Reduced Meals shared for purposes of the fee waiver program.

☐ Yes! **I DO** want school officials to share information from my Application for Free or Reduced Meals with appropriate school officials for purposes of the student fee waiver program and any other program that would benefit student(s).

Child Name:_____

Parent/Guardian Signature: _____ Date:

For more information, you may call or email keri.cooper@district145.org

Original to Central Office copy retained at building