

**Grinnell-Newburg Community School District
Standard Fee Waiver Form
2018-2019**

Student(s) Name

Building(s)

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees.

School officials may release my child's free and reduced price meal eligibility status for the purpose of waiving school fees. **YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.**

___ Free School Fees including Textbook, Driver's Education, and Activities

___ Reduced School Fees including Textbook, Driver's Education, and Activities

Signature of Determining Official

Date

I understand that I will be releasing information that will show I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for the above marked purpose only. This authorization is in effect for one year. I understand that I may revoke this release in writing at any time.

I certify that I am the parent/guardian of the child whom application is being made.

Parent/Guardian

Date