

NORTH CLACKAMAS SCHOOL DISTRICT  
**STUDENT FEE WAIVER FORM 2019-2020**

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Dear Parent/Guardian:

The information you give on the Confidential Application for Free or Reduced Price Meal is only used to determine your student(s) eligibility for Free or Reduced Price meals. The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs we must have your permission to share your information.

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**If you mark YES, you authorize North Clackamas School District to WAIVE or REDUCE FEES when you qualify for Free/Reduced meals.**

\_\_\_\_\_ **YES - I AUTHORIZE** NCS D officials to share information from my application in order to **WAIVE/REDUCE** the following FEES for my student(s):

- \_\_\_\_\_ Class Fees and Related Educational Program Fees
- \_\_\_\_\_ Athletic Program Fees
- \_\_\_\_\_ Other Qualifying Educational Program Fees

\_\_\_\_\_ **NO - I DO NOT WANT information shared with any program.**

Signing this **FEE WAIVER Form** is **NOT A REQUIREMENT** for participation in any school nutrition program.

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I certify that I am the parent /legal guardian of the child(ren) listed below.

Printed Name of Parent/Guardian: \_\_\_\_\_

**Signature** of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

For more information, call (503) 353-6034.

Return this form to your home High School Bookkeeper or include with your completed Free and Reduced application form.

***This institution is an equal opportunity provider***