



NORTH CLACKAMAS SCHOOL DISTRICT
STUDENT FEE WAIVER FORM 2022-2023

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.

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** NCSD 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.

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