

**Northshore School District**  
**FEE WAIVER FOR SCHOOL PROGRAMS**  
**Sharing Program Eligibility**  
**2025 - 2026 School Year**

If you qualify for free or reduced-price meals, you may be eligible for reduced or waived fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals.

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits.

Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	Sport/Athletic Fees	Fee Waiver
<input type="checkbox"/>	Tuition: Summer School	Fee Waiver
<input type="checkbox"/>	Operation School Bell	Provides Clothing and Personal Products
<input type="checkbox"/>	Camp Cedar Springs	Fee Waiver
<input type="checkbox"/>	College Entrance Exam (PSAT, SAT, ACT, IB etc) Fees	Fee Waiver
<input type="checkbox"/>	ASB Card Fees	Fee Waiver
<input type="checkbox"/>	Optional non-credit activities (e.g, club fees & dues, dances, sporting events,etc.)	Fee Waiver
<input type="checkbox"/>	Class Fees & Field Trips	Fee Waiver
<input type="checkbox"/>	Technology (Device Protection Plan) Fees	Fee Waiver
<input type="checkbox"/>	CTE Dual Credit Registration Fees	Fee Waiver
<input type="checkbox"/>	AVID Program Qualification	Preferential Placement

**Print Student Name(s) and ID number here:**

_____	_____
_____	_____
_____	_____

***By signing below, you grant permission for your student's eligibility status to be shared with NSD staff or third-party vendors who are directly associated with the administration or point-of-sale system of the selected programs above.***

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

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return this form to:  
**Dee Moran** at [dmoran@nsd.org](mailto:dmoran@nsd.org)  
OR  
Northshore School District  
3330 Monte Villa Parkway  
Bothell, WA 98021

To the parent or guardian of  
Student First Name Student Last Name  
Address 1  
City, State Zip