



FOOD SERVICE DEPARTMENT

DIRECT CERTIFICATION SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT

Your permission is required to share direct certification information with school officials to determine if your child may qualify for a fee waiver or various additional state and federal program benefits through your child(ren)s school. As a reminder all students will receive a meal at no cost to you regardless of whether you return this consent form.

- Yes, I agree to share my child(s) meal status to determine if they are eligible for additional fee waivers.
- No, I do not agree to share my child(s) meal status to determine if they are eligible for additional fee waivers.

If you checked yes, fill out the form below.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Parent/Guardian Printed Name: _____

Address: _____

Signature of the parent or guardian	Date:
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This institution is an equal opportunity provider.