

2026-2027 SCHOOL FEE WAIVER REQUEST FORM

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we need to have your permission to share your information to waive school fees. Sending in this form will not change whether your children get free or reduced price meals.

Yes ___ No ___ If I qualify for free or reduced priced meals, I **DO** want school officials to share information from my Free and Reduced Price School Meals Application to the school financial office to waive applicable school fees as determined by the school Principal.

If you have any questions regarding fees, please see your Principal or Bookkeeper.

If you checked yes, fill out the form below to ensure that your information is shared for the child(ren) listed below. If additional space is needed, please attach a separate sheet of paper listing additional children.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

Office Use ONLY

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Yes this parent/guardian does meet the federal income guidelines for receiving free and reduced priced meals.

Signature of CNP Supervisor: _____

Date: _____

For more information, you may call **Terrie Coggins, CNP Supervisor** at **205-228-3034** or e-mail at **terrie.coggins@tcsk12.us**

Return this form to: **Terrie Coggins 476 Main Street, Trussville, AL 35173**