LAWRENCE Public Schools NUTRITION AND WELLNESS

2026-2027
USD 497 Fee Waiver
(Consent for Disclosure)

Dear Parent/Guardian:

If you are approved for free or reduced-price meals, you may be eligible to have other district fees waived. In order for the Nutrition & Wellness office to share your free or reduced-price meal status with the business office, you must give your permission by filling out this form every year.

Please indicate your preferences using an "x" or checkmark. If you want to ensure all eligible fees are waived, please check all of the boxes below.

☐ Yes, I DO want school officials to share information about my children's eligibility for Child Nutrition Program benefits only with the programs I have checked below.

- ☐ Core Fees (activity trip transportation, instructional resources, device fee, course fees, excl. virtual summer school courses)
- ☐ Extra curricular (participation & co-curricular fees)
- ☐ Miscellaneous (KU Blueprint, scholarships, internships, instrument rental, graduation fees)

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

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You do not have to sign or send in this form to get reduced-price or free meals for your children. If you do not sign this Consent for Disclosure, it will not affect eligibility for or participation in the school meal programs.

Signature of Parent/Guardian: _____ Date: _____

Printed Name:_____

Address: _____

Questions? Call 785-832-5000 or email myfees@usd497.org

Return this form to your school or the business office at 110 McDonald Dr. Lawrence, KS 66044 or by email at MyFees@usd497.org.

This institution is an equal opportunity provider.