School Fee Waiver

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 must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.**

❑ No! I **DO NOT** want school officials to share information from my Free and Reduced-Price School Meals Application for **School Fee Waiver**.

❑ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application for **School Fee Waiver.**

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

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Julie Bartell** at **216-529-4480** or **Julie.bartell@lakewoodcityschools.org.**

Return this form to: Nutrition Services
14100 Franklin Blvd
Lakewood, OH 44107

This institution is an equal opportunity provider.