South Lane School District 45J3

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FEE WAIVER (2018-2019 school year)

Dear Parent/Guardian: The information you give on the Confidential Application for Free or Reduced-Price Meal is only used to determine your student(s) eligibility for Free or Reduced-Price meals. The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs we must have your permission to share your information. Sending in this form will not change whether your student(s) get free or reduced meals. Signing this waiver is NOT A REQUIREMENT for participation in any school nutrition program. No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with any of the programs listed below. If you checked "No", stop here. You do not have to complete or send in this form. Your information will not be shared. Yes! I DO want school officials to share information from my Free and Reduced- Price School Meals Application with: (Mark each program to which you want information released.) SOUTH VALLEY ATHLETICS KIDS SPORT AQUA LIONS SWIM CLUB POP WARNER If you marked any or all of the programs listed above, fill out the form below. I understand that I am releasing information (student's name, F/R status, and/or contact information) to only the programs I have marked. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made. Child's Name: ______ School: _____ Child's Name: _____School: _____ Signature of Parent/Guardian: _____ Date: Printed Name of Parent/Guardian Address: _____

(To be completed by Food Service)

USDA and the State of Oregon are equal opportunity providers and employers.

____ Qualifies for Free ____ Qualifies for Reduced ____ Does NOT Qualify