**2023-2024 REQUEST FOR WAIVER OF SCHOOL FEES**

Dear Parent/Guardian:

***You do not have to complete the form below to get free and reduced-price meals.***

***You MUST complete it to receive the benefits listed below.***

(1)If your student is eligible for free or reduced meal benefits, the Cumberland County Board of Education will not charge certain fees for him/her to participate in the following programs for which other students are charged:

*Determined at each school per Principal and BOE Policies*.

(2)Cumberland County Schools Board of Education will supply the following supplies required to participate in all courses offered for credit or grade:

*Determined at each school per Principal and BOE Policies.*

Sincerely,

**Kathy Hamby**

Kathy Hamby

School Nutrition Supervisor

**To receive these benefits, you are required to check the benefits you want to receive and sign the following permission**:

Once processed, these forms will be kept on file in the school front office.

\_\_\_\_I want my student's fees waived for the activities that qualify for fee waiver.

\_\_\_\_I want my student's fees waived for the supplies that qualify for fee waiver.

I understand that I will be releasing information that will show that I am applying for free and reduced-price benefits under the national school lunch program. School officials may verify all information used to determine my student's free or reduced-price lunch eligibility. If my social security number is included on the application, it may only be used by the Board of Education in this verification process. I give up my rights to confidentiality for these purposes only. I certify that I am the parent/guardian of the child for whom application is being made.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Parent/Guardian                                 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student's Name                 School          Grade          Teacher

**THIS REQUEST SHOULD BE RETURNED TO:**

**THE SCHOOL CAFETERIA (for processing)**

**APPROVED BY SCHOOL STAFF FOR FEE WAIVER\_\_\_\_ YES\_\_\_\_ NO**