

2020-2021 GAHANNA SCHOOLS FEE WAIVER CONSENT FORM

**\*REQUIRED\***

Dear Parent/Guardian: **Your child(ren) may qualify for a waiver of their school instructional, athletic, and/or course fees. We must have your permission to share your meal application status with school officials who process these fee waivers. Answering this question will not change whether your children will get free or reduced price meals**

- Yes! I **DO** give my permission for my child(ren)'s meal status to be shared with school officials to determine if my child(ren) qualify for an **Instructional Fee** waiver .
- Yes! I **DO** give my permission for my child(ren)'s meal status to be shared with school officials to determine if my child(ren) qualify for **Athletic Fee** waivers .
- Yes! I **DO** give my permission for my child(ren)'s meal status to be shared with school officials to determine if my child(ren) qualify for **Course Fee** waivers.
- No! I **DO NOT** give my permission for my child(ren)'s meal status to be shared with any of these school officials for fee waiver processing.

**You must complete and return this form. Your information will be shared only with the officials/programs you checked.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_

**RETURN THIS FORM USING ONE OF THESE OPTIONS:**

- Email **GREENL@GJPS.ORG**
- Fax **614-478-5568**
- Your child's school
- Linda Green, 160 S. Hamilton Road, Gahanna, OH 43230