

**WAIVER STATEMENT**

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees (book fees, preschool tuition, or drivers' education). I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for waiver of school fees ONLY. I certify that I am the parent/guardian of the child(ren) for whom application is being made.

**YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.**

Signature of Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name(s) of child(ren) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this signed and dated page to Krystal Schaier, Iowa Valley CSD, 359 E Hilton St., Marengo, IA 52301. If you wish to apply for a waiver of some or all of the fees listed in the waiver statement above.