

THIS FORM MUST BE SIGNED AND RETURNED TO THE SCHOOL PRIOR TO REGISTRATION TO BE CONSIDERED FOR FREE OR REDUCED FEES

FREE/REDUCED LUNCH FAMILIES

PLEASE SIGN THIS WAIVER STATEMENT IF YOU WOULD LIKE YOUR SCHOOL TO CONSIDER A FULL OR PARTIAL WAIVER OF SCHOOL FEES

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. 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 _____

Student(s) Name: _____

(Please Print)

RETURN TO:

AP SCHOOLS

610 N. JOHNSON ST

PARKERSBURG, IOWA 50665

ATTN: DARLA