

**APPLICATION FOR FEE WAIVER
AND SHARING INFORMATION CONSENT
DOUGLAS COUNTY WEST COMMUNITY SCHOOLS**

FEE WAIVER REQUEST

The Nebraska Public Elementary and Secondary Student Fee Authorization Act allows fee waivers for students who qualify for free or reduced-price lunches under United States Department of Agriculture child nutrition programs. The fee waivers give qualifying students the right to not have to pay certain student fees and to be provided with specialized materials or equipment to participate in certain activities. **Specifically, the fee waiver applies to: (1) participation in extracurricular activities, and (2) use of a musical instrument in optional music courses that are not extracurricular activities.** Participation in a free-lunch program or reduced-price lunch program is not required to qualify for free or reduced-price lunches for purposes of this section.

The Board's Student Fee Policy states: *Students or their parents must request a fee waiver prior to participating in or attending the activity, and prior to purchase of the materials.* To request a fee waiver, or to decline a fee waiver, complete the following:

- No! **I DO NOT** want a fee waiver for any programs or activities.
- Yes! **I DO** want a fee waiver. I request a fee waiver for the following (Note: Please describe the fee waiver, materials, or equipment requested, and the activity or course; failure to make timely request for a fee waiver for any fees, equipment, material, or instrument not listed may result in a fee waiver not being provided):

Student Name: _____ Student Number: _____

Activity or Course: _____

Describe fee waiver or materials or equipment requested, including amount if known:

Activity or Course: _____

Describe fee waiver or materials or equipment requested, including amount if known:

Activity or Course: _____

Describe fee waiver or materials or equipment requested, including amount if known:

Parent/Guardian Signature: _____ **Date:** _____

Principal/Designee Signature: _____ **Date:** _____

This form is to be returned to the Principal/Designee.

SHARING INFORMATION CONSENT

To save you time and effort, the information you gave on your Application for Free or Reduced Meals may be shared with other programs for which your children may qualify. **For the fee waiver program, we must have your permission to share your Application for Free or Reduced Meals information in order to confirm your eligibility for a fee waiver. However, in no event will the manner in which you complete the consent form change whether your child gets free or reduced price meals.**

- No! I **DO NOT** want information from my Application for Free or Reduced Meals share for purposes of the fee waiver program.
- Yes! I **DO** want school officials to share information from my Application for Free or Reduced Meals with appropriate school officials for purposes of the student fee waiver program and any other program that would benefit student(s).

Child's Name: _____ School: _____

Student Identification Number: _____

Printed Name: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____

For more information, you may call your school Principal.

Original to Superintendent

Once this fee waiver application form is turned into the school completed correctly, the school will verify the student's free and reduced lunch status. The School will also review the items on the Application to insure consistency with the School Board's policy. The fee waived items for your student are covered by the district as long as your student is actively participating in fund raising (where applicable) and contributing to their activity.