

## Central Lyon Community School Application for Waiver of Confidentiality

Dear Parent/Guardian:

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is school fees. 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.

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

I certify that I am the parent/guardian of the child(ren) for whom application is being made.

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

Printed Parent/guardian name \_\_\_\_\_ Phone number \_\_\_\_\_

Children's names & grade \_\_\_\_\_

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I **DO NOT** want school/home sponsor/child care or Head Start center officials to share information from my free and reduced price meal application with **Medicaid or hawk-i**. **If you are already receiving Medicaid or hawk-i please sign below.** This will avoid another contact.

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

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**FOR OFFICE USE ONLY**

\_\_\_\_\_ Approved for **Free** Fees                      \_\_\_\_\_ Approved for **Reduced** Fees

\_\_\_\_\_ Fee waiver & Hawk-i signed on back of free/reduced meal application

**Superintendent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_