Dear Parent/Guardian,

Please complete this section completely and sign below if you would like to allow the Fife School District Food & Nutrition Services Program permission to use the information provided on this application to determine and/or share your child’s eligibility for fee waivers or reductions to participate in optional non-credit activities.

|  |  |
| --- | --- |
| **Student Name:** | **School:** |
| **(First Name, Last Name – Please Print)** |  |
| **Student Name:** | **School:** |
| **(First Name, Last Name – Please Print)** |  |
| **Student Name:** | **School:** |
| **(First Name, Last Name – Please Print)** |  |
| **Student Name:** | **School:** |
| **(First Name, Last Name – Please Print)** |  |

I,       (Parent/Guardian’s Printed Name), give permission to the Food and Nutrition Services Department of Fife School District to verify allow my child’s free and reduced-priced meal eligibility status to be accessed through their Receipting Softwareto facilitate automatic fee waivers or reductions as outlined by RCW 28A.325.210. Fee waivers or reductions would apply to ASB cards, ASB club dues, ASB field trips, and other optional non-credit activities (ex: dances, home games, plays, and competitions/conferences)

**Parent/Guardian Signature: Date:**

***THIS FORM MUST BE SIGNED AND RETURNED ALONG WITH THE FREE/REDUCED APPLICATION FORM TO BEGIN FEE WAIVER ELIGIBILITY.***

To view the current income guidelines or to download a current Free/Reduced Application, please visit: <https://www.fifeschools.com/district/departments/food_services>. If you have questions, please contact the Fife School District Manager, Toni Barnett at (253) 517-1000 ext 25121 or [tbarnett@fifeschools.com](mailto:tbarnett@fifeschools.com)