



Administrative Offices–1407 Claremont Ave–Ashland, Ohio 44805–419 289 1117–Fax 419 289 9534

**FEE WAIVER CONSENT – K-8**

Dear Ashland City Schools Parent or Legal Guardian:

Your child(ren) may qualify for a waiver of the school instructional fees. We must have your permission to share your meal application information with school officials if your child(ren) qualifies. Answering this question will not change whether your child(ren) will get free or reduced price meals.

School Year this waiver is for: \_\_\_\_\_

Please check one box below:

Yes, I agree to have my meal application used to determine if my child(ren) qualify for a fee waiver as well as other services.

No, I do not agree to have my meal application used to determine if my child(ren) qualify for a fee waiver as well as other services.

Child’s Name: \_\_\_\_\_ School: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ School: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ School: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Only One Form Per Family Required for K-8 Students

For more information, please call the Food Service Office at 419-289-1117, ext. 2247 or Mr. Robert Knabe, Business Manager at 419-289-1117

Please return to the Food Service Office, 1407 Claremont Ave., Ashland, Ohio 44805, or the Building Principal