

APPLICATION FOR WAIVER OF CONFIDENTIALITY

2009 – 2010 School Year

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. Please check the box below if you would like to waive confidentiality to determine eligibility for any of the benefits listed.

School Fee Waiver

Yes, I would like to receive a school fee waiver for my child(ren). School officials may release my child(ren)'s free and reduced price eligibility to determine eligibility for fee waivers. (Including but not limited to Semester Fees, Workbooks, Drivers Education).

Print the name of every child living in your household who attends a Davenport Community School. If you need more space, please attach a separate sheet of paper. Print each name exactly as it appears on school records starting with the last name first. Please PRINT.

Last Name	First Name	Middle Initial	DOB	School	Grade

I understand that I will be releasing information that will show that I applied for free and reduced price school meal(s) for my child(ren). I give up my rights to confidentiality for the above marked purposes only.

Signature of Parent, Guardian, Legal or Actual Custodian: _____

Please print your name here: _____

Date: _____

Street Address: _____ Apt. # _____

Home Phone: _____

City: _____ Zip Code: _____

Work Phone: _____

NOTE: Your signature is required above for the release of information regarding the student(s) or the family's financial eligibility for the programs checked above.

FOR OFFICE USE ONLY:

FULL WAIVER

- ___ Free meals through Child Nutrition Program
- ___ The Family Investment Program (FIP)
- ___ Supplemental Security Income (SSI)
- ___ Transportation assistance for in-district open enrollment
- ___ Foster Care

PARTIAL WAIVER

- ___ Reduced price meals through Child Nutrition Program

___ DENIED

Date & Initials: _____