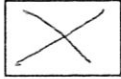


REDUCED / FREE
\$5

SCHUYLER COMMUNITY SCHOOLS
STUDENT FEE WAIVER

Dear Parent/Guardian,

The information you gave on your Free and Reduced Price School Meals Application may be shared with the following requested programs for which your children may qualify for financial assistance. Completing this waiver will not affect your child/children's free or reduced priced school meals status.



I give permission to school officials to share information from my Free and Reduced Price School Meals Application in accordance with the Public Elementary and Secondary Student Fee Authorization Act. I also request a Waiver, consistent with Section 12 of the District Student Fees Policy, for fees, transportation, and/or materials and equipment as listed below:

1. Course/Project/Activity: Student Activity Fee
2. Fees Requested: _____ Date: _____
3. Transportation to: _____ Date: _____
4. Supplies and/or Equipment
 - A. _____ Costs: _____
 - B. _____ Costs: _____

Child/Children's Name: _____

Parent/Guardian (printed) _____

Address: _____

Signature of Parent/Guardian: _____

Date: _____

Please direct your questions to the building principal or activities director at:

Pre School or Elementary School: (402) 352-9940

Rural Attendance Centers: 402-352-5514

Schuyler Middle School: (402) 352-5514

Schuyler Central High School (402) 352-2421



Administrator Signature: _____

Request Approved _____ **Request Denied** _____
Students or their parents/guardians must request and complete _____ prior to participating in or attending the activity and prior to the purchase of the materials as outlined in the District Student Fees Policy.