

**KETTERING CITY SCHOOL DISTRICT  
2020-2021 WAIVER OF CONFIDENTIALITY  
(SHARING INFORMATION WITH OTHER PROGRAMS)**

Dear Parent/Guardian:

Since you have been automatically approved for free meals based upon your certification from the SNAP or OWF program, you also qualify to have your child's academic fees waived. Please read the 2 sections below and indicate "Yes" or "No" as to whether or not you would like to receive these benefits:

**ONE WAIVER FORM PER HOUSEHOLD**

**Part I (WAIVER OF SCHOOL FEES)**

\_\_\_\_\_ **YES, I DO WANT** school officials to use my certification information to waive my child's academic fees.

\_\_\_\_\_ **NO, I DO NOT WANT** school officials to use my certification information to waive my child's academic fees.

**PART II (SHARING OF INFORMATION WITH OTHER PROGRAMS)**

\_\_\_\_\_ **YES! I DO WANT** school officials to use my free meals certification for **CONSIDERATION** of the following programs. By saying "YES", I understand this does **NOT** guarantee that he/she will be selected.

(Your information will only be shared with school officials affiliated with the programs you select (check) below):

- Giving Tree Program (Holiday Assistance) – All Schools
- Weekend Supplemental Food Program (Back Food Program) – Elementary/Middle Only
- Clean Care Program (Middle Schools Only)
- Reduction of Pay to Play Athletic Fees – Middle School/High School
- PSAT Test Fees – High School JUNIORS Only
- ACT/SAT Fees – High School Only
- AP Test Fees – High School Only
- Music Booster Groups (Band, Orchestra, Choir) – High School Only
- Athletic Booster Groups (For all sports) – High School Only

\_\_\_\_\_ **NO, I DO NOT WANT** school officials to use my free meals certification to be shared with any of the above listed programs.

**PLEASE CONTINUE BY FILLING OUT THE PORTION BELOW – regardless of how you answered above:**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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**PLEASE RETURN THIS FORM TO ANY ONE SCHOOL OFFICE ASAP !!!!**

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

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

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

**If you have questions about this waiver form, call your child's school guidance counselor.**

**This institution is an equal opportunity provider.**