Rr Dear Parent/Guardian:

Your child(ren) may qualify for a waiver or reduction of school fees. Your permission is required so that school officials can determine if any waivers or reductions can be applied to your child(ren)'s fees.

If you check **YES** below, the information in this application will be used to determine waivers or reductions to general fees, course fees, certain field trip fees/transportation, and other associated fees. Your child's qualifying status (free or reduced), **not their name**, will also be shared with the Ohio Department of Education (ODE).

If you check **NO** below, you will be responsible for covering all general fees, course fees, field trip fees, transportation fees, and other associated fees. Your child's qualifying status will not be shared with ODE.

YES, I DO AGREE that the district may use the information on this application to determine if fees may be waived or reduced during this school year. I understand that my child's qualifying status (free or reduced) will be shared with the ODE. My child's name will not be shared with ODE.



NO, do not use the information in this application to waive or reduce any fees during this school year.



If you checked NO, stop here. You do not have to complete any more of this form. Your information will not be shared.

If you checked YES above, please fill out the form below. Your information will be shared only with the programs you check.

Printed Name of Child	Grade
Goldwood General Fees	RR Middle School General and Course Fees
Kensington General Fees	RR High School General and Course Fees

Printed Name of Child	Grade
Goldwood General Fees	RR Middle School General and Course Fees
Kensington General Fees	RR High School General and Course Fees

Printed Name of Child	Grade
Goldwood General Fees	RR Middle School General and Course Fees
Kensington General Fees	RR High School General and Course Fees

Printed Name of Child	Grade
Goldwood General Fees	RR Middle School General and Course Fees
Kensington General Fees	RR High School General and Course Fees

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Address

Return this completed form to T. Wasserbauer at 1101 Morewood Parkway RR, 44116

Nutrition Service Of	fice Use Only:
Date: Ir	itials:
Program Qualificatio	n: □Free □Reduced □ D/C Prog:
	T/Linq: FEES: FD ATT: