



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. Do not share my child's qualifying status with ODE.



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
<input type="checkbox"/> Goldwood General Fees	<input type="checkbox"/> RR Middle School General and Course Fees
<input type="checkbox"/> Kensington General Fees	<input type="checkbox"/> RR High School General and Course Fees

_____	_____
Printed Name of Child	Grade
<input type="checkbox"/> Goldwood General Fees	<input type="checkbox"/> RR Middle School General and Course Fees
<input type="checkbox"/> Kensington General Fees	<input type="checkbox"/> RR High School General and Course Fees

_____	_____
Printed Name of Child	Grade
<input type="checkbox"/> Goldwood General Fees	<input type="checkbox"/> RR Middle School General and Course Fees
<input type="checkbox"/> Kensington General Fees	<input type="checkbox"/> RR High School General and Course Fees

_____	_____
Printed Name of Child	Grade
<input type="checkbox"/> Goldwood General Fees	<input type="checkbox"/> RR Middle School General and Course Fees
<input type="checkbox"/> Kensington General Fees	<input type="checkbox"/> 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 Office Use Only:

Program Qualification: Free Reduced D/C

DASL: _____ FD ATT: _____

Date: _____ Initials: _____