

MINNETONKA MIDDLE SCHOOL ACTIVITY OFFICE
REQUEST FOR FEE WAIVER

Student Name _____

Parent/Guardian Name _____

Address _____

Parent/Guardian Phone: (home) _____ (other): _____

I wish to have the activity fee(s) of \$ _____ assigned for participation in

_____ waived because of the following circumstances:

(Activity)

_____ I am currently qualified and receiving free or reduced lunch according to Minnetonka Nutrition Services criteria.

_____ I have not applied for free or reduced lunch according to Minnetonka Nutrition Services policy but qualify under the criteria.

_____ Special circumstances exist which should qualify me for a waiver of fees as described below (Please use the back of this form if needed)

_____ DATE: _____
(PARENT/GUARDIAN SIGNATURE)

_____ DATE: _____
(PRINCIPAL OR ACTIVITY DIRECTOR SIGNATURE)

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

Your child's eligibility information for free or reduced price meals is private data. However, federal law allows a school to share your child's eligibility with federal and state education, health, and nutrition programs for which your child may qualify.

For the following programs we need your permission to share your eligibility information for possible fee benefits: Athletics/Activities. Signing and sending in this form will not change whether your child will get free or reduced price meals.

Please check Yes or No:

No, I do not want my student's meal eligibility information shared with any other programs.

Yes, I do want my student's meal eligibility information shared with:
Activities/Athletics:

Child's Name: _____ School _____

Signature of Parent/Guardian:

X _____ Date _____

Printed Name: _____

Address: _____

Please check (Yes) or (No) box above, sign, date and return to MME office.

For Questions:

(952) 401-5200