2024-2025 REQUEST FOR WAIVER OF SCHOOL FEES

Dear Parent/Guardian:

You do not have to complete the form below to get free and reduced-price meals.

You MUST complete it to receive the benefits listed below.

(1) If your student is eligible for free or reduced meal benefits, the Cumberland County Board of Education will not charge certain fees for him/her to participate in the following programs for which other students are charged:

Determined at each school per Principal and BOE Policies.

(2) Cumberland County Schools Board of Education will supply the following supplies required to participate in all courses offered for credit or grade:

Determined at each school per Principal and BOE Policies.

Sincerely,

Kathy Hamby

Kathy Hamby School Nutrition Supervisor

To receive these benefits, you are required to check the benefits you want to receive and sign the following permission:

| Student's Name | School | | Teacher | |
|--|---|--|--|--|
| Signature of Parent/Guardian | | Date | <u></u> . | |
| I understand that I will be re reduced-price benefits under t information used to determine security number is included on this verification process. I g certify that I am the parent/g | he national school my student's free the application, ive up my rights t | lunch program. S or reduced-price it may only be us o confidentiality | School officials malunch eligibility. Seed by the Board of for these purpose | y verify all If my social Education in s only. I |
| I want my student's f | ees waived for | the supplies | that qualify fo | r fee waiver |
| I want my student's fwaiver. | Tees waived for | the activitie | s that qualify | for fee |
| Once processed, these for | rms will be kep | t on file in t | he school front | office. |
| | | | | |

THIS REQUEST SHOULD BE RETURNED TO:

THE SCHOOL CAFETERIA (for processing)

APPROVED BY SCHOOL STAFF FOR FEE WAIVER____ YES____ NO