

**CHERRY HILL PUBLIC SCHOOL DISTRICT
REQUEST FOR FEE WAIVER OR REDUCTION**

**IMPORTANT: COMPLETE BOTH SIDES OF THIS FORM
AND SUBMIT IT TO YOUR CHILD'S SCHOOL**

Student Name(s) _____

Parent/Guardian Name _____

Address _____

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

Check off the following where applicable:

_____ I am requesting a waiver of the Cherry Hill School District's Student Activity Fee

I am requesting a waiver of the Mt. Misery program activity fee

_____ I am applying for reduced tuition at the Barclay Early Childhood Center
Preschool Inclusion Program

_____ Other (specify): _____

based on the fact that my household currently qualifies for and is receiving free or reduced price
school meals according to Child Nutrition Program criteria.

(PARENT/GUARDIAN SIGNATURE)

DATE: _____

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

In order to grant your request to waive or reduce the fee or other cost for the program you checked off because your student receives a free or reduced lunch, the School District must have your permission to share this information with the school principal or the principal's designee. This will require using information contained on your Free or Reduced Lunch Application or the Direct Certification information the District receives from the State of New Jersey. Sending in this form will not change whether your children get free or reduced price meals. Please check off the applicable box or boxes below, complete the remainder of the form, and return to your child's school.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application or Direct Certification information with my child's school and the Cherry Hill School District's business office for the purpose of waiving the District's Student Activity Fee.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application or Direct Certification information with my child's school and the Cherry Hill School District's business office for the purpose of waiving the Mt. Misery program activity fee.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application or Direct Certification information with the Barclay Early Childhood Center and the Cherry Hill School District's business office for the purpose of obtaining reduced tuition for the Barclay Preschool Inclusion Program.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application or Direct Certification information with _____ and the Cherry Hill School District's business office for the purpose of _____.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

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Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

Return this form to the Building Principal at your child's school. If your children attend more than one school, you must submit a form to each school attended. For more information, you may call the Principal's office at your child's school.