

**REQUEST FOR WAIVER OF ACTIVITY FEE**

**AUTHORIZATION FOR RELEASE OF MEAL ELIGIBILITY STATUS**

I, the undersigned, grant Mandan Public Schools permission to release my Child(ren)'s current meal eligibility status in the school food service program for the purpose of obtaining services, and/or participating in activities, at a reduced fee or at no charge. I understand that free and reduced price meal eligibility in the school food service program is a confidential matter and do authorize the release of the information.

Furthermore, I request that the activity fee for \_\_\_\_\_ be waived for my  
(activity)  
son/daughter, \_\_\_\_\_ .  
(student's name)

Please list all family members attending Mandan Public Schools

STUDENT'S NAME

SCHOOL ATTENDING

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

APPROVED                      DENIED  
FREE                      REDUCED

APPROVED                      DENIED  
AMOUNT                      \_\_\_\_\_  
OWED

\_\_\_\_\_  
Food Service Director  
DATE \_\_\_\_\_

\_\_\_\_\_  
Activities Director  
DATE \_\_\_\_\_