

Columbus CSD

Application: Waiver of Confidentiality to Determine Eligibility in Other Programs

Optional: You do not have to complete this page to get free or reduced price school meals.

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is school fees. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of any of the fees listed below. Check any of the boxes if you would like to waive confidentiality for any of the benefits listed below.

Health Insurance

No, I am not interested in hawk-i

Yes, I want information on health insurance for my child(ren). School personnel may release my child(ren)'s free and reduced price meal eligibility status to school health or community health personnel working directly with Medicaid and *hawk-i*. This release of information is not an application to receive health insurance benefits.

Study Materials/Software Fees

AP Testing Fees

Driver's Ed.Fees

ACT Testing Fees

Yes, School officials may release my child(ren)'s free and reduced price meal eligibility status to Columbus CSD officials to determine eligibility for this program.

(Please print)

Name of student(s) _____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

Name of parent/guardian _____

Address: _____ Phone: _____

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for the above purposes only. This authorization is in effect for one year. I understand that I may revoke this release in writing at any time.

I certify that I am the parent/guardian of the child(ren) for whom application is being made.

Signature of parent/guardian: _____ Date: _____