



2024 - 2025 Fee Waiver Statement

If your child(ren) qualifies for free or reduced price meal benefits, you may also be eligible for other benefits. Only if you sign this waiver can we consider your child(ren) for a full or partial waiver of fees. Optional fees, such as activity tickets and yearbook purchases, are not considered for the waiver benefit.

I certify that I am the parent/guardian of the child(ren) listed below. I understand that I will be releasing information showing I applied or qualify for free and reduced price school meals for my child(ren) for waiver of fees

YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.

PRINT Parent/Guardian Name: _____

Signature of Parent/guardian _____ Date _____

Student _____ School Attending _____

Student _____ School Attending _____

Student _____ School Attending _____

Student _____ School Attending _____

Student _____ School Attending _____

Student _____ School Attending _____

Student _____ School Attending _____

Student _____ School Attending _____

Please return to: Ames Community School District
c/o Business Office
2005 24th Street
Ames, IA 50010

FOR OFFICE USE ONLY

Free Reduced Paid

Office Signature _____ Date _____