

# North Mahaska Community School District

P.O. Box 89  
New Sharon, IA 50207

## WAIVER STATEMENT

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees. 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 waiver of school fees ONLY. I certify that I am the parent/guardian of the child(ren) for whom application is being made. **YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.**

Signature of Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

### Superintendent's Office

P.O. Box 89 2163 135<sup>th</sup> St  
641-637-4187  
FAX 641-637-4559

### High School Principal's Office

P.O. Box 89 2163 135<sup>th</sup> St  
641-637-4187  
FAX 641-637-4559

### Elementary Principal's Office

P.O. Box 89 2163 135<sup>th</sup> St  
641-637-4041  
FAX 641-637-2657