North Mahaska Community School District

P.O. Box 89, New Sharon, Iowa 50207

If you qualify for free and reduced-priced meals and you would like your fees adjusted accordingly, you MUST complete this waiver and return it to North Mahaska CSD's business office.

WAIVER STATEMENT School Year 2026-27

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 the application is being made. **YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.**

Name of Parent/Guardian: _____

Date:_____

Parent/Guardian Signature: _____

Please list all children in the household:

_____

North Mahaska CSD School Food Authority
P.O. Box 89, 2163 135th St. New Sharon, IA 50207
Phone: 641-637-4187 Fax: 641-637-4559 Email: bankesl@nmwarhawks.org