

2017-2018 Yamhill Carlton Fee Reduction Request

Student Name: _____ Date: _____ Grade _____
(Please Print Name)

I am requesting a reduction in fees for the following:

High School Athletics Registration Fees Test Fees Other _____
Specify

Fee Reductions may be granted based on Free and Reduced Lunch Program status. The student for which the request is submitted must qualify for Free or Reduced Lunch in order to qualify for a Fee Reduction at the time the request is submitted.

Please complete the reverse side of this form to indicate permission to share information regarding the student's Free or Reduced Lunch status with the appropriate District staff.

2017-2018 INCOME ELIGIBILITY GUIDELINES

Household Size	<i>Reduced Price Meals</i>				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	22,311	1,860	930	859	430
-2-	30,044	2,504	1,252	1,156	578
-3-	37,777	3,149	1,575	1,453	727
-4-	45,510	3,793	1,897	1,751	876
-5-	53,243	4,437	2,219	2,048	1,024
-6-	60,976	5,082	2,541	2,346	1,173
-7-	68,709	5,726	2,863	2,643	1,322
-8-	76,442	6,371	3,186	2,941	1,471
For each additional family member add	7,733	645	323	298	149

IMPORTANT NOTE: This Request Form is not a Free and Reduced Lunch Application. Applications are available on-line at <http://www.ycsd.k12.or.us> under the cafeteria link; at each school office, the District Office, or by mail. All forms should be returned to: **NSLP Coordinator, YC District Office, 120 N. Larch Place, Yamhill, OR 97148.** Call 503-852-6980 for more information.

Office Use Only:

Accepted: _____ Date: _____

Rejected: _____ Date: _____

***** SEE REVERSE SIDE *****

Yamhill Carlton School District

**SHARING FREE OR REDUCED-PRICE INFORMATION
WITH OTHER PROGRAMS**

Dear Parent/Guardian:

The information you give on the Confidential Application for Free or Reduced Price Meal is only used to determine your student(s) eligibility for Free or Reduced Price meals. **The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs we must have your permission to share your information.**

Sending in this form will not change whether your student(s) get free or reduced meals.

Signing this waiver is NOT A REQUIREMENT for participation in any school nutrition program.

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with any of the programs listed below.

If you checked "No", stop here. You do not have to complete or send in this form. Your information will not be shared.

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with: (Mark each program to which you want information released.)

High School Athletic Participation Fees

Registration Fees

Test Fees

Other (please specify) _____

If you marked any or all of the programs listed above, fill out the form below. I understand that I am releasing information (student's name, F/R status, and/or contact information) to only the programs I have marked. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Mailing Address: _____
_____ City _____ Zip _____

For more information, call the District Office at 503.852.6980.

Return this form to: YCSD, 120 N. Larch Place, Yamhill, OR 97148.

This Institution is an equal opportunity provider.