Raytown School District

Nutrition Services Department
6608 Raytown Road
Raytown, MO 64133

WAIVER OF APPLICATION INFORMATION

School Year 2026-2027

Dear Parent/Guardian:

You may be able to have your Activities, Music and Communication Arts, Great Expectations and other fees reduced because your child(ren) qualify for free or reduced price meals. If your child is eligible for one or more of the programs and you would like us to release the information fill out the form in its entirety. Failing to sign the consent statement will not affect eligibility or participation for the Child Nutrition programs. This information will not be shared by the Departments with any other agency or program.

By signing below, I give Nutrition Services officials permission to give my free and reduced price school meal status to the appropriate departments so they may use the information to help determine whether my child is eligible for free or reduced fees and/or access to additional opportunities.

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child. I am allowing this confidential information to be used in administering the following programs and/or opportunities: *ACT, Duke TIPS, College applications, Course fees, Sports, Clubs, NCAA, Employment/Full Employment Council.*

I certify that I am the parent/guardian of the children for whom application is being made.

Date Signed _____

Signature of Parent/Guardian _____

Printed Name of Parent/Guardian _____

Address _____

_____

Child(ren) (***Print Clearly*** *must be legible*)	School	Grade
1)		
2)		
3)		
4)		
5)		

This form must be completed and returned to the Nutrition Services Department.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Right, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: Program.Intake@usda.gov

This institution is an equal opportunity provider..