

GREEN BAY AREA PUBLIC SCHOOLS
SHARING INFORMATION WITH OTHER PROGRAMS

I wish to have the following fees waived, provided my child(ren) are approved for free school meals based on approval by the District's food service department, for the current and prior school years.

General School
Summer School
Instrument Rental
Commencement Ceremony/Graduation
Concurrent Enrollment Program Course
After School Recreation Fee
Advanced Placement Testing*
IB Fees*
Nursing Assistant (NA) State Testing Fee*

*These fees can be waived for students who qualify for reduced school meals.

For the child(ren) listed below:

Child's Name: _____ School: _____ Student ID: _____

Child's Name: _____ School: _____ Student ID: _____

Child's Name: _____ School: _____ Student ID: _____

Child's Name: _____ School: _____ Student ID: _____

Date: _____

Signature of Parent/Guardian: _____

Printed Name: _____

Address: _____

City _____ State/Zip: _____

Return this form to Green Bay Area Public Schools, Accounting Dept., 200 S. Broadway, Green Bay, WI 54303