

Trumbull Public Schools
REQUEST FOR WAIVER OF FEES FOR PAY TO PARTICIPATE SCHOOL ACTIVITIES

Parents/guardians wishing to request a waiver of a Pay to Participate Fee shall submit this form to the Superintendent of Schools, 6254 Main Street, Trumbull, CT, 06611.

Student Name _____ School _____ Grade _____

Address _____ Phone No. _____

Parent/guardian E-mail _____

Activity: _____ Athletics _____ Elementary Band _____ Elementary Strings
 (Name of Sport)

_____ THS Musical _____ Student One-to-One Device _____ Other _____
 Insurance Program (Name of Activity)

I/We understand that determination of eligibility for a waiver of fees requires an evidence-based need. Consideration for granting a waiver is predicated on a review of documents including, but not limited to, the following. **Please check one.**

- student eligibility for free or reduced-price school meals. You must have signed approval with the District for information from your Free/Reduced-price School Meals Application to be shared with the Superintendent of Schools for this purpose; please complete Addendum A, which is attached.
- financial hardship. You must attach parent/guardian proof of income for the current year (e.g., paycheck stub, unemployment benefits, Social Security/disability benefits).

Please Note: Unless the financial information listed above is shared, your request cannot be considered.

I/We hereby request that my/our child named above be excused from the requirement for payment of the Pay to Participate Fee for the reason(s) checked above. (Please provide below any additional overview of financial hardship.)

 Signature of Parent(s)/Guardian(s), or of Student if past the age of majority

FOR ADMINISTRATIVE USE ONLY – DO NOT WRITE BELOW

Date of Review _____ Waiver Granted (____) Waiver Denied (____)

Additional Information Needed (financial specificity) _____

Date of Notice to Applicant _____

 Superintendent of Schools, or designee

SHARING INFORMATION WITH OTHER PROGRAMS – Addendum A

Dear Parent/Guardian:

To save you time and effort, the information you provided on your *Free and Reduced-price School Meals Application* may be shared with other programs for which your children may qualify. We must have your permission to share this information with other programs. Please sign below for any additional benefits you are interested in receiving. By signing for the benefits, you are certifying that you are the parent/guardian of the children for whom the application is being made. **Note:** Submitting this form will not change whether your children get free or reduced-price meals.

- NO**, I do **NOT** want information from my *Free and Reduced-price School Meals Application* shared with any of these programs.
- YES**, I **DO** want school officials to share information from my *Free and Reduced-price School Meals Application* with the programs checked below. **Check all that apply.**
- My child(ren)'s School Nurse
 - Social Services for the Town of Trumbull
 - The Superintendent of Schools for school programs such as Pay to Participate.
 - School counselors to demonstrate financial need for SAT/ACT testing programs, college applications/placement programs, and the like.

If you checked YES for any boxes above, complete the information below and sign the form. Your information will be shared only with the people and applicable programs you checked.

PLEASE PRINT

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature of Parent/Guardian: _____ Date: _____

For more information, please call **Betty Sinko, Food Services Director for the Trumbull Public Schools, at 203-452-4500.** Return this form to **6254 Main Street, Trumbull, CT, 06611.**

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Connecticut State Department of Education • Revised June 2018

<https://portal.ct.gov/SDE/Nutrition/Eligibility-for-Free-and-Reduced-price-Meals-and-Milk-in-School-Nutrition-Programs/Documents>

Form – TPS Policy 5138/Pay to Participate