



Lafayette High School

401 Reed Lane
Lexington, KY 40503
Phone (859) 381-3474 Fax (859) 381-3487

Fee Waiver Notification

_____ school year

Dear Parent/Guardian of: _____

Your child has the opportunity to participate in a valuable school activity. There are costs associate with this program which can be waived, in part or in whole, if your child qualifies for free or reduced lunch meals.

Current regulations do not allow the staff member in charge of this activity to be notified of a child's free/reduced lunch status without parent permission.

In order to share this information with the staff member in charge of this activity and have your child's fees waived (if qualifications are met), you will need to sign this waiver. This waiver applies only to this activity and this staff member for the current school year. If your child is involved in additional activities, you may receive waivers requests regarding them as well.

Activity: _____

Staff member in charge: _____

Parent signature: _____ **Date:** _____

Administration

Bryne Jacobs, Principal ♦ Richard Royster, Associate Principal ♦ David Scholl, Associate Principal
Stephanie McDermott, Administrative Dean ♦ Sally Adams, Head Counselor ♦ Caryn Huber, Dean of Students