

**PAMLICO COUNTY SCHOOLS  
BAYBORO, NORTH CAROLINA**

Application for Waiver of Student Fees and Charges  
For Pamlico County High School

1. I hereby request that my child, \_\_\_\_\_  
Child's Name  
a student of Pamlico County High School, receive a waiver of student fees.
2. Number of family members residing in household: \_\_\_\_\_
3. Total gross family income before deductions of all family members. (Include welfare payments, wages of working members, pensions, social security, and other income). Verification may be in the form of U.S. or N.C. income tax forms for the previous year, W-2 forms from employee may be used.  
Monthly \$ \_\_\_\_\_ or Annual \$ \_\_\_\_\_
4. I certify that the above information is true and correct.  
\_\_\_\_\_  
Date: \_\_\_\_\_
5. I elect to have a copy of my child's **Food and Nutrition Services Award Letter** released to the Pamlico Co. High School as documentation to be used for qualification and approval of my Waiver of Student Fees Application. This Release is for the following school year: 2016-2017

\*for release of information, please sign attached.

\_\_\_\_\_  
(SCHOOL USE ONLY)

I hereby stipulate that the child named above is entitled to the waiver of the fees and/or charges as listed.

Approved \_\_\_\_\_  
Principal or designee

# Pamlico County Schools

## 2016-2017 SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

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

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Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Advance Placement Test Fee Program for 2016-2017 school year with Program Coordinator, Jill Ireland.

**If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone or Cell number: \_\_\_\_\_

For more information, you may call Child Nutrition Services at 745-4171 ext. 638/639 or e-mail at [mareeminor@pamlicoschools.org](mailto:mareeminor@pamlicoschools.org).

Return this form to: 507 Anderson Drive, Bayboro, NC 28560 with the application.