

Allamakee Community School District

1059 THIRD AVENUE N.W., WAUKON, IOWA 52172

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www.allamakee.k12.ia.us



Superintendent

David Herold • 568-3409

High School Principal

Dr. Mike Hardy • 568-3466

Assistant Principal/Activities Director

Brian Hilsabeck • 568-3466

PK-12 Curriculum Coordinator

Gretchen DeVore • 568-3466

Business Manager

Jaime Curtin • 568-3409

Middle School Principal

Jennifer Garin • 568-6321

East and West Elementary Principal

Joe Griffith • (E) 568-6304 / (W) 568-6375

Waterville Principal

Julie Askelson • 535-7245

ACSD TEXTBOOK & DRIVER'S ED FEE WAIVER APPLICATION 2016-2017

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. These benefits are textbook and driver's education fees. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of these fees.

Name of Student _____ Grade in school _____ Attendance Center _____
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Name of parent, guardian: legal or actual custodian _____

Please check type of waiver you are applying for: Full Waiver _____ Partial Waiver _____

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for waiver of school fees **ONLY**.



Signature of Parent/Guardian _____ Date _____

YOU DO NOT HAVE TO COMPLETE THIS FEE WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.

Low-Cost Health Insurance for Children: Medicaid/*hawk-i* Information Form
Read this information and sign if you do not want your name released to Medicaid or *hawk-i*.

If your children do not have health insurance, many families getting free or reduced price meals can also get free or low-cost health insurance for their children. The law requires public schools to share your free and reduced price meal eligibility information with Medicaid & *hawk-i*, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to share this information. Specifically, we will give them your child's name, your name & address. Medicaid & *hawk-i* can only use the information to identify children who may be eligible for free or low-cost health insurance and contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose or to share it with any other entity or program. You are not required to allow us to share this information, it will not affect your child's eligibility for free or reduced price meals. **If you do NOT want your information shared with Medicaid or *hawk-i*, you must tell us by completing the information below.** If you want further information, you may call *hawk-i* at 1-800-257-8563. Also, if you are already receiving Medicaid or *hawk-i*, please sign below. This will avoid another contact. My signature below indicates I DO NOT want school officials to share information from my free and reduced price meal application with Medicaid or *hawk-i*.

Parent/Guardian Name (Printed) _____ Signature _____ Date _____