



School District of New Holstein

1715 Plymouth Street
New Holstein, WI 53061-1292

(920) 898-5115

STEPS FOR COMPLETING AND SUBMITTING A STUDENT COSTS WAIVER FORM:

1. Apply for free or reduced lunch by completing the [Household Application for Free and Reduced Prices School Meals](#) available through the School Nutrition Department, or on the NHSD website, <https://www.nhsd.k12.wi.us/district/> on the "FOOD SERVICE" tab. Complete and return the application to the School Nutrition Department, Attn: Elizabeth Thome, 1715 Plymouth Street, New Holstein, WI 53061. You will be notified if you qualify for **free, reduced or normal pay meals**.
2. If you qualify for free or reduced priced meals, you may complete and submit a Student Costs Waiver Form, which is posted on the NHSD website, <https://www.nhsd.k12.wi.us/district/> on the "PARENT LINKS" tab. If you do not qualify for free or reduced priced meals, do not submit a Student Costs Waiver Form.
3. Submission of the Student Costs Waiver Form does not automatically qualify you for the waiver. The school will then advise you if your student fees will be waived/reduced and how much you owe. After the start of the new year (July 1st), past due balances cannot be waived and will follow your student through high school graduation.
4. Book fines, Husky Den, parking permits, yearbook, cap and gown costs, technology charges and field trips are not covered under the waiver. Talk to your school Principal or Administrative Assistant if you feel you need help paying the fees listed above. They are handled at the school level.
5. If your income status changes during the year, reapply for free and reduced priced meals. When your new status is confirmed, email, ethome@nhsd.k12.wi.us or call 920-898-5115 stating your new status.

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, audiotope, 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.

→ PLEASE TURN OVER - STUDENT COSTS WAIVER FORM ON BACK ←



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STUDENT COSTS WAIVER FORM SCHOOL YEAR 2023-24

This form covers requests for a reduction of payment for **school materials, athletic costs and school owned musical instruments.** **ALL OTHER COSTS ARE HANDLED AT THE SCHOOL LEVEL.**

Provide the following information:

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

HOME EMAIL ADDRESS: _____

ONE WAIVER PER FAMILY

Eligibility for costs to be waived 100% or reduced by 50% will be based on the same criteria as used for receiving free or reduced lunch meals.

Student Name (First and Last)	Grade

By checking this box , I give authorization to the School Nutrition Department to share the financial information from my Free and Reduced Meal Application with the Finance Department. **Your waiver cannot be processed without this permission.**

I hereby certify that all of the information furnished above is true and correct to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

Please LEGIBLY PRINT your name: _____

MAIL APPLICATION TO: New Holstein School District, ATTN: Elizabeth Thome,
1715 Plymouth Street, New Holstein, WI 53061 OR Drop off in the High School Office

FOR BUSINESS OFFICE USE ONLY

F&R Date	F&R Status
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