Dear Parent or Guardian,

We are pleased to inform you that the Maple Heights City School District will again be participating in the Community Eligibility Provision Program provided through the National School Lunch Program. As a result, all students enrolled and attending Maple Heights City Schools throughout the 2018-2019 school year are eligible to receive a healthy breakfast and lunch at no charge, each school day.

No further action is required on your part. Your child(ren) is able to participate without having to pay meal fees or submit a meal application. Note that there will be no a la carte items sold in the school kitchens. Approved beverage vending machines are available in the Milkovich Middle School and Maple Heights High School cafeterias. Vending machine purchases are optional and require payment.

In past years, students who were eligible for free meals were automatically approved for a curricular material fee waiver. Now that all students receive free meals, a curricular material fee waiver form must be completed and submitted for approval consideration. The fee waiver form is attached or on the reverse side of this letter and must be filled out, signed and then returned to your child’s school or the district administration building.

If you have questions or we can be of further assistance, please contact us at (216) 587-6100, extension 3301.

Sincerely,

Muata Niamke,
Business Manager and Food Service Director
Maple Heights City School District

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

This institution is an equal opportunity provider.
Dear Parent/Guardian:

Your household income information may exempt you from class course fees. In order to be exempt, we need your monthly household income information.

☐  NO!  I DO NOT want to provide our household income information. I realize that I will be responsible for curricular material fees.

☐  YES!  I want my child to be considered for the Curricular Material Fees Waiver Program.

**INCOME INFORMATION:** If you checked YES, please fill out the following information:

☐  Our household receives SNAP/OWF benefits: ___________________________  
    or  
☐  Our household does not receive SNAP/OWF benefits, but our monthly household income is: ___________________________________________

Number of members living in the household: ___________________________

*Please list all children in your household attending our district:*

Child’s Name: ___________________________ School: ___________________________

Child’s Name: ___________________________ School: ___________________________

Child’s Name: ___________________________ School: ___________________________

Child’s Name: ___________________________ School: ___________________________

Child’s Name: ___________________________ School: ___________________________

Signature of Parent/Guardian: ___________________________ Date: _________________

Printed Name: __________________________________________________________________

Address: ______________________________________________________________________

RETURN THIS FORM TO THE PRINCIPAL AT YOUR CHILD’S SCHOOL.
If this form is not returned, you will be responsible for curricular material fees.

PLEASE COMPLETE ONE FORM PER FAMILY