



*Milford Exempted Village Schools*  
 1099 State Route 131  
 Milford, Ohio 45150  
 Phone: 513-831-1314 Fax: 513-965-6159

Dear Parent/Guardian,

Our records show that your child has outstanding supply fees. The fees cover consumable materials purchased by the school for student use including workbooks, planners, etc.

Please complete the bottom portion of this letter indicating your intentions and return it to the school office as soon as possible. Checks should be made payable to Milford Schools. Please include your child's name and student ID number on your check. If you are unable to pay the fees at this time, please contact the school office to make arrangements for additional time or to arrange a payment schedule. We appreciate your prompt attention to this matter.

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 Please complete and return

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

\_\_\_\_\_ Payment is attached.

\_\_\_\_\_ Partial payment is attached.

\_\_\_\_\_ Student received or is receiving Medicaid benefits. Please attach verification of Medicaid assistance. Return this completed form to your child's school to the attention of Jennifer Burton - BOE. Without verification fees cannot be waived.

**Check the appropriate box(es):**  20/21Fees  19/20 Fees  18/19 Fees  
 17/18 Fees  AP Exam Fee Reduction

\_\_\_\_\_ Student qualified or qualifies for **free** meals. Please complete the **School Instructional Fee Waiver Adult Consent** section below and return this completed form to your child's school to the attention of Kim Gregory, Nutrition Services.

**Check the appropriate box(es):**  20/21Fees  19/20 Fees  18/19 Fees  
 17/18 Fees  AP Exam Fee Reduction

**School Instructional Fee Waiver Adult Consent:**

Your child(ren) may qualify for a waiver of their school instructional fees. We must have your permission to share your meal application information with school officials if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your child(ren) will receive free meals.

Please check one:  Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.  
 No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_