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 arrange for additional time or to arrange a payment schedule. We appreciate your prompt attention to this matter.

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): ☐ 22/23 Fees ☐ 21/22 Fees ☐ 20/19 Fees ☐ 19/18 Fees ☐ 18/17 Fees

_____ 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 Josh Coats – Nutrition Services.

Check the appropriate box(es): ☐ 22/23 Fees ☐ 20/21 Fees ☐ 19/18 Fees ☐ 18/17 Fees ☐ NOT AVAILABLE 21/22 Fees

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: _____

Signature of Parent/Guardian for the Instructional Fee Waiver Consent: _____ Date: _____

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER