



## DRIVER EDUCATION FEE WAIVER

Dear Parent/Guardian,

Your child may be eligible for a waiver of the fee for Driver Education instruction. If your child is participating in the CMS free and reduced-price lunch program at school, please complete and sign this release of information form. **By checking the “Yes” box, the CMS Child Nutrition Department will verify whether your child is certified for free or reduced-price meals; certification for free or reduced-price meals may qualify your child for reduced fees for Driver Education.** We must have your permission to use the information you shared on your application for free or reduced-price meals. (Sending this form will not change whether your child/children receive free or reduced-price meals.)

**Please complete this form, the Driver Education Registration Form and submit it, along with the certification letter that you received via US Mail from CMS Child Nutrition which has your child’s/children’s name(s) on it (total of 3 forms)** to the Driver Education Department via email to Mr. Connie Sessoms ([connie.sessoms@cms.k12.nc.us](mailto:connie.sessoms@cms.k12.nc.us)) or via fax 980-343-6044. Please do not bring this waiver to CMS Child Nutrition Department as you will be further directed to the Driver Education main office. If you do not have a copy of your certification letter, CMS Child Nutrition will provide another copy upon your request by calling 980-343-6041. If you have any questions about this process, please call the CMS Driver Education Department at 980-343-6159.

\*Confirmation of certification status and placement in a class could take up to 30 days.

**Yes, I give school officials permission to share information obtained from my free and reduced-price lunch program application to reduce my registration fee for Driver Education.**

STUDENT INFORMATION			
School:		Student ID#:	
First Name:	Middle Name:	Last Name:	
Home Address:			
Non-CMS Email Address:			
Home/Cell Phone:			
CONTACT INFORMATION			
Parent/Guardian Name:			
Home/Cell Phone:		Work Phone:	
Email Address:			
Home Address (if different from above):			
Signature:		Date:	

**\*A completed Driver Education registration form must be attached to this waiver. The registration form is on the same page with this form on Jordan Driving School’s website.**

CHILD NUTRITION DEPARTMENT VERIFICATION			
F _____	RP _____	D _____	Initials _____ DATE _____