



September 2006

Dear Parent/Legal Guardian:

If your school age child/children are receiving Aid to Dependent Children (ADC) or SSI (Disability Assistance) their school fees may be waived. In order for us to waive fees, you must present a current monthly Medicaid Card showing MA-C coverage for your school age child/children with their names or stating the whole family is a cash recipient.

The following can be provided as verification:

- Medicaid Card - MA-C Codes and child's/children's name;
- Letter from Stark County Department of Human Services stating Medicaid ADC recipient and child's/children's name;
- Computerized form from Department of Human Services stating ADC Medicaid recipient with child's/children's names which are eligible.

For Social Security Supplemental Income (SSI), you must show us a letter from the Social Security Administration stating your child has a disability and the child's name.

On the reverse side of this letter you will find a fee waiver form. If the conditions described previously in this letter would apply to you, please fill it out and return it to the office of your child's building of attendance with appropriate documentation.

Again, thank you for your cooperation in this matter.

Sincerely,

Tony D. Scott
Superintendent

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CONSENT FOR RECORDS RELEASE

Under Ohio Law, children who receive Aid to Dependent Children (ADC) or Disability Assistance are eligible for a waiver of instructional fees. This does not apply to any fees that may be charged for extracurricular activities, fines, field trips, school pictures, driver's education, parking fees, or lunch charges. Please complete this application if your child is eligible for a waiver of instructional fees.

CONSENT FOR RECORDS RELEASE - SCHOOL YEAR 2006-07

Marlington Middle School
10325 Moulin Ave.
Alliance OH 44601

FAX # 330-823-7594

YOU ARE AUTHORIZED TO RELEASE THE RECORDS OF THE STUDENT LISTED BELOW TO:

STARK CO. DEPT. OF JOBS & FAMILY SERVICES RE: _____
IM BOOKKEEPING (Name of Student)
221 THIRD ST. SE
CANTON OH 44702 SOCIAL SECURITY #: _____

FAX: (330) 451-8022

DATA TO BE RELEASED: _____ VERIFICATION OF BENEFITS

SIGNATURE OF PARENT/GUARDIAN: _____

DATE SIGNED: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

Return this Release Form to Your Child's School

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For Office Use Only:

PLEASE CHECK ONE:

- Student is eligible for fees to be waived.
 Student is not eligible for fees to be waived

Signature of Determining Official Title: _____

For School Use Only:

Date Received: _____ By: _____
Date Released: _____ By: _____