



SCHOOL DISTRICT OF SHIOCTON

N5650 Broad St, P.O. Box 68, Shiocton, WI 54170-0068
(920) 986-3351 • Fax (920) 986-3291

Nichole J. Schweitzer
District Administrator
Extension 761

Nicholas M. Ortlieb
Grades 7-12 Principal
Extension 751

Kim M. Griesbach
Grades PK-6 Principal
Extension 747

Kelly J. Thiel
Special Education Director
Extension 773

Waiver Release

Date: _____

School Year 2024-25

I _____ authorize that the School District of Shiocton may allow the release of my child(ren) free/reduced eligibility status from my application or the direct certification process to the office administrative assistants. This release allows the district to waive the cost of student registration fees and milk fees. (Milk fees apply to EC-5 students only.)

Please select the fees below that you will want to be waived.

- ☐ registration fees apply to EC-12
- ☐ Milk fees apply to EC-5 students only

REDUCED APPLICANTS ONLY: EC-5 Students only

I further authorize milk fee funds to be transferred to my family lunch account or refunded to me. Please check below.

- ☐ Yes Transfer milk fees to my family lunch account ☐ No please refund my milk fees to me

Please list your child(ren) names and grade level.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please complete the form, sign and date below:

Parent Signature _____

Date _____

"Where Excellence is Expected"

The Shiocton School District does not discriminate on the basis of race, sex, color, age, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability.