



Parental Release of Information Form

(Applicable for students in grades 6 – 12 ONLY)

CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION

If you qualify for free or reduced-price meals, you may be eligible for decreased fees to participate in other school programs. Fees that may be eligible to waive include, but are not limited to, athletic fees, ASB club fees, dance admissions, and theatre admissions.

This form is optional, and submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals, or milk. Individuals or programs receiving the information you authorize for release on this form will not share the information with any other entity or program.

Please indicate the program(s) you authorize eligibility status to be shared with for each child by completing the form below. This form authorizes release of name and eligibility status only. No other information or demographics are allowed to be shared.

School: _____

School Year: _____

Student Name: _____ **Student ID:** _____

I authorize the eligibility of free and reduced lunch status to be shared with the athletic program.

Yes No

I authorize the eligibility of free and reduced lunch status to be shared with the ASB activity program.

Yes No

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name of Parent/Guardian: _____

Please return this completed form to your child's school office.