

Parental Release of Information Form

2022- 2023 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.

This form is optional, and submitting/not submitting this form will not affect your child’s eligibility for free or reduced-price meals. 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 for each child by completing the form below. This authorizes release of name and eligibility status only, no other information or demographics is allowed to be shared.

Please Return to:

Tahoma School District, Food Services, 25638 Maple Valley Black Diamond Rd.SE, Maple Valley, WA 98038

Child 1 Name:		
Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	ABS Fees	Facilitate fee waivers as required by RCW 28A.325.010
<input type="checkbox"/>	Basic Education Fees	Facilitate fee waivers for students eligible for free or reduced-price meals
<input type="checkbox"/>	Extra-Curricular Activities	Facilitate fee waivers for students eligible for free or reduced-price meals
<input type="checkbox"/>	Vocational Education Fees	Facilitate fee waivers for students eligible for free or reduced-price meals
Child 2 Name:		
Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	ABS Fees	Facilitate fee waivers as required by RCW 28A.325.010
<input type="checkbox"/>	Basic Education Fees	Facilitate fee waivers for students eligible for free or reduced-price meals
<input type="checkbox"/>	Extra-Curricular Activities	Facilitate fee waivers for students eligible for free or reduced-price meals
<input type="checkbox"/>	Vocational Education Fees	Facilitate fee waivers for students eligible for free or reduced-price meals
Child 3 Name:		
Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	ABS Fees	Facilitate fee waivers as required by RCW 28A.325.010
<input type="checkbox"/>	Basic Education Fees	Facilitate fee waivers for students eligible for free or reduced-price meals
<input type="checkbox"/>	Extra-Curricular Activities	Facilitate fee waivers for students eligible for free or reduced-price meals
<input type="checkbox"/>	Vocational Education Fees	Facilitate fee waivers for students eligible for free or reduced-price meals

USDA is an equal opportunity provider and employer.

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

E-Mail Address: _____ **Phone:** _____