



Consent for Disclosure

(Sharing Household Income Information with Other Programs)

Dear Parent/Guardian:

To save you time and effort, information about your children’s eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify for *additional benefits*. We **must** have your permission to share your information with these programs by completing and turning in this Consent Form. Although, you do not have to sign or send in this form to get free breakfasts or lunches for your student(s), if it is not on file at the district office, your children will not be eligible for the benefits listed below.

Your household’s 24-25 Free and Reduced Application AND this form must be completed within 30 days of your student’s first day of attendance for your child’s free meal benefit status to apply to these programs. Eligibility is only for households that qualify for free meals.

Yes, I DO want school officials to share information about my children’s eligibility for Child Nutrition Program benefits only with the programs I have checked below.

Enrollment Fee Waiver

College Entrance Exam Waiver (ACT, PSAT, SAT)

If you checked yes to any or all of the boxes above, fill out the form below. *Your information will be shared only with the programs you checked.*

Child’s Name: _____ School: _____

Child’s Name: _____ School: _____

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Child’s Name: _____ School: _____

Child’s Name: _____ School: _____

Child’s Name: _____ School: _____

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

Parent/Guardian **Printed Name:** _____

Parent/Guardian’s **Mailing Address:** _____

For more information regarding the Enrollment Fee Waiver program or College Entrance Exam Waiver program, contact your child’s school.

For more information regarding this Consent Form related to the Child Nutrition Program, you may call or email:

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