

Parental Release of Information Form

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, 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 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.

South Whidbey School District

Please Return to: School Office or 5520 Maxwellton Road, Langley, WA 98260

School Year: 2021-2022

Child's Name:		
Check to participate	Title of school program	How the shared information will be used
	ASB Fees	To apply discounts
	Athletic Fees	To apply discounts
	Class Fees	To apply discounts
Child's Name:		
Check to participate	Title of school program	How the shared information will be used
	ASB Fees	To apply discounts
	Athletic Fees	To apply discounts
	Class Fees	To apply discounts
Child's Name:		
Check to participate	Title of school program	How the shared information will be used
	ASB Fees	To apply discounts
	Athletic Fees	To apply discounts
	Class Fees	To apply discounts

Signature of Parent/Guardian: _____ Date: _____

E-Mail Address: _____ Phone: _____