

## 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 **waiver of 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.

#### CHEHALIS SCHOOL DISTRICT

**Please Return to: 310 SW 16th St Chehalis, WA 98532**

**School Year: 2023 - 2024**

<b>STUDENT'S NAME:</b>		<b>Grade:</b>	
<b>CHECK FOR PARTICIPATION</b>	<b>ELIGIBLE PROGRAMS</b>	<b>CHECK FOR PARTICIPATION</b>	<b>ELIGIBLE PROGRAMS</b>
<input type="checkbox"/>	ASB card designation	<input type="checkbox"/>	Home games
<input type="checkbox"/>	Dances	<input type="checkbox"/>	Uniforms (barrier to participation)
<input type="checkbox"/>	Competitions and conferences	<input type="checkbox"/>	ASB field trips
<input type="checkbox"/>	Plays	<input type="checkbox"/>	Dues
<b>STUDENT'S NAME:</b>		<b>Grade:</b>	
<b>CHECK FOR PARTICIPATION</b>	<b>ELIGIBLE PROGRAMS</b>	<b>CHECK FOR PARTICIPATION</b>	<b>ELIGIBLE PROGRAMS</b>
<input type="checkbox"/>	ASB card designation	<input type="checkbox"/>	Home games
<input type="checkbox"/>	Dances	<input type="checkbox"/>	Uniforms (barrier to participation)
<input type="checkbox"/>	Competitions and conferences	<input type="checkbox"/>	ASB field trips
<input type="checkbox"/>	Plays	<input type="checkbox"/>	Dues
<b>STUDENT'S NAME:</b>		<b>Grade:</b>	
<b>CHECK FOR PARTICIPATION</b>	<b>ELIGIBLE PROGRAMS</b>	<b>CHECK FOR PARTICIPATION</b>	<b>ELIGIBLE PROGRAMS</b>
<input type="checkbox"/>	ASB card designation	<input type="checkbox"/>	Home games
<input type="checkbox"/>	Dances	<input type="checkbox"/>	Uniforms (barrier to participation)
<input type="checkbox"/>	Competitions and conferences	<input type="checkbox"/>	ASB field trips
<input type="checkbox"/>	Plays	<input type="checkbox"/>	Dues

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

USDA is an equal opportunity provider and employer.