

School Year 2021-22 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.

Please Return to:
School Building Finance Office, or

Snoqualmie Valley School District
PO Box 400, Snoqualmie, WA 98065
Attn: Food Service Department

Or email to lemoineh@svsd410.org

Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	ASB Card	Fee Reduction for Middle and High School
<input type="checkbox"/>	Sports/Athletic Fees	Fee Reduction for Middle and High School
<input type="checkbox"/>	Club Fees/Dues	Fee Reduction
<input type="checkbox"/>	Competitions/Conferences/Clinics	Fee Reduction
<input type="checkbox"/>	Uniforms-if applicable	Fee Reduction
<input type="checkbox"/>	ASB Field Trips	Fee Reduction
<input type="checkbox"/>	Dances	Fee Reduction for Middle and High School Dances
<input type="checkbox"/>	Plays	Fee Reduction
Student Name(s)		

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

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

USDA is an equal opportunity provider and employer.