SAN JUAN ISLAND DISTRICT NUTRITION SERVICES

**Parental Release of Information: Optional Form**

**CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION**

If your student qualifies for free or reduced-price meals, they may be eligible for decreased/waived fees. San Juan Island School District Nutrition Services must obtain consent to share this eligibility information with programs.

This form is optional and can be completed at the time of need, it will be valid for the current school year. Answering yes/no or submitting/not submitting this form does not affect your child nutrition eligibility status for free or reduced price meals. Your answer authorizes release of the student’s name and eligibility status only. No other information, demographic or otherwise will be shared. School individuals authorized to receive eligibility information must comply with high privacy standards and will not share any information with any entity or program.

The information provided below will be used to determine your student’s access to decreased/waived fees for the following programs;

* ASB activities
	+ Yearbook fees, entry fees, etc.
* Athletic fees
* Extra-Curricular
	+ Dance admission, program tickets, field trips, etc.
* Testing fees
	+ PSAT, SAT, AP, STAMP, etc.
* Internet access program eligibility

School Year: 2022-2023

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I authorize the release of eligibility status for the purpose of determining waived/reduced fees for the**

**programs listed above: YES\_\_\_\_\_\_\_\_\_\_\_\_\_ NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I would like to OPT OUT of sharing eligibility information for one or more programs, but authorize the remainder.

Programs I would NOT like eligibility information shared with are:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please return form to your students’ school