McMinnville School District #40 SHARING FREE OR REDUCED-PRICE INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

The information you give on the Confidential Application for Free or Reduced Price Meal is only used to determine your student(s) eligibility for Free or Reduced Price meals. The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs we must have your permission to share your information.

following programs we must have your per	mission to share your infor	mation.
Sending in this form will not change whether yo	our student(s) get free or redu	uced meals.
Signing this waiver is NOT A REQUIREMENT	for participation in any schoo	I nutrition program.
Signing this waiver is NOT A GUARANTEE OF ANY REDUCTION OF ADDITIONAL BENIFITS		
No! I DO NOT want information from my shared with any of the programs listed		ool Meals Application
If you checked "No", stop here. You do not information will not be shared.	have to complete or send	in this form. Your
Yes! I DO want school officials to share inform Application with: (Mark each progra		
Educational/School related pr	ogram fee waiver/reduction	
Athletic Programs fee waiver/	reduction	
Administrative School Progra	ms fee waiver/reductions	
Other programs fee waiver/re	duction – (Medical/Dental Pro	ogram fees)
If you marked any or all of the programs list I am releasing information (student's name, programs I have marked. I certify that I am application is being made.	F/R status, and/or contact	information) to only the
Signature of Parent/Guardian:		_ Date:
Printed Name:		
Address:		
Child's Name:	_ School:	
Child's Name:	School:	
Child's Name:	School:	
For more information, call Nutrition Services at Return this form to: your school or the Nutrition		