Seaside School District 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

be used to determine your student(s) eligibility for Free or Reduction be used to determine your student(s) eligibility to refollowing programs we must have your permission to	ceive benefits for other programs. For the
Sending in this form will not change whether your stude	nt(s) get free or reduced meals.
Signing this waiver is NOT A REQUIREMENT for partic	ipation in any school nutrition program.
No! I DO NOT want information from my Free and shared with any of the programs listed below.	Reduced Price School Meals Application
If you checked "No", stop here. You do not have to information will not be shared.	complete or send in this form. Your
Yes! I DO want school officials to share information Meals Application with: (Mark each program to wh	
Educational/School related program fee waiver/reduction	
School Counselor Programs (testing fees, college applications, etc.)	
Athletic/Activity Programs fee waiver/reduction	
Medical/Dental Services fee waiver/red	duction
If you marked any or all of the programs listed abov I am releasing information (student's name, F/R stat programs I have marked. I certify that I am the pare application is being made.	rus, and/or contact information) to only the nt/legal guardian of the child(ren) for whom
Signature of Parent/Guardian:	Date:
Printed Name:	
Address:	
Child's Name:	School:
Child's Name:	School:
Child's Name:	School:
For more information, you may call Seaside School District Office at 503-738-5591. Return this form to your child's school.	
This institution is an equal opportunity provider.	

Sharing Free or Reduced Price Information