

Tigard Tualatin School District
Permission to Share Confidential Meal Eligibility Status
2019-2020 School Year

Dear Parent or Guardian:

If you are interested in the possibility of additional benefits for your student, the district must have your written permission to share your student's name and meal eligibility status (i.e. approved for free, or reduced-price meals), with the other programs that offer benefits.

You may give permission to the Nutrition Services Department to release your student's name and meal eligibility status for opportunities listed below by selecting opportunities under Option 1, entering your student's information, signing and dating the form.

If you do not want to share your student's information select Option 2, you may STOP HERE and do NOT complete this form. Your student's eligibility status for free or reduced-price school meals will not be shared.

- Sending in this form will not change whether your student(s) get free or reduced-price meals.
- Signing this waiver is NOT A REQUIREMENT for participation in any school nutrition program.

Please note that there is NO GUARANTEE of additional benefits. Not all schools have funding to offer local program fee waivers or fee reductions to students.

- Option 1: Yes!** I consent to sharing my student's name and meal eligibility status for the opportunities I have selected below
- Athletic fee reduction
 - Instrument rental reduction
 - Driver Education Program reduction
- Option 2: No!** Do NOT share my student's name and meal eligibility status for any additional opportunities.

<p>Listed benefits are NOT guaranteed by this form. Please contact your school for specific fee reduction/waivers. NOT all schools receive funding to provide fee waivers or fee reductions.</p>

If you checked Yes, please complete the student information below, sign, date, and return this consent form with your meal application. Your student's confidential eligibility information will be shared only with staff in charge of the opportunities you selected.

Student's Name(s): _____ School(s): _____

Student's Name(s): _____ School(s): _____

Student's Name(s): _____ School(s): _____

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

Signature and date are required.

Printed Name: _____

Return this form with your application for Free and Reduced-Price Meals to your student's school.
For more information, please call the Nutrition Services Office at (503)431-4103.

<p>This institution is an equal opportunity provider.</p>
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