

**FEDERAL WAY SCHOOL DISTRICT**  
**Parental Release of Information Form**

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

If you qualify for free or reduce-price meals you may be eligible for decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduce price meals.

Please complete below by indicating what programs you are allowing eligibility status to be shared with, for each child.

**School Year: 2016-17**

<b>Child's Name:</b>		
<b>Check to participate</b>	<b>Title of school program</b>	<b>How the shared information will be used</b>
<input type="checkbox"/>	Mount Rainier Pool Swim Scholarship	Confirm on Free or Reduced Lunch
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<b>Child's Name:</b>		
<b>Check to participate</b>	<b>Title of school program</b>	<b>How the shared information will be used</b>
<input type="checkbox"/>	Mount Rainier Pool Swim Scholarship	Confirm on Free or Reduced Lunch
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<b>Child's Name:</b>		
<b>Check to participate</b>	<b>Title of school program</b>	<b>How the shared information will be used</b>
<input type="checkbox"/>	Mount Rainier Pool Swim Scholarship	Confirm on Free or Reduced Lunch
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<b>Child's Name:</b>		
<b>Check to participate</b>	<b>Title of school program</b>	<b>How the shared information will be used</b>
<input type="checkbox"/>	Mount Rainier Pool Swim Scholarship	Confirm on Free or Reduced Lunch
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

USDA is an equal opportunity provider and employer.