

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:

Child's Name:		Age:
Check to participate	School:	
<input type="checkbox"/>	Swim Lessons	Determine Scholarship Eligibility
<input type="checkbox"/>	Aqua Guard	Determine Scholarship Eligibility
Child's Name:		Age:
Check to participate	School:	How the shared information will be used
<input type="checkbox"/>	Swim Lessons	Determine Scholarship Eligibility
<input type="checkbox"/>	Aqua Guard	Determine Scholarship Eligibility
Child's Name:		Age:
Check to participate	School:	How the shared information will be used
<input type="checkbox"/>	Swim Lessons	Determine Scholarship Eligibility
<input type="checkbox"/>	Aqua Guard	Determine Scholarship Eligibility
Parent Name		
Address Street		
City / Zip		

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

E-Mail Address: _____ **Phone:** _____

USDA is an equal opportunity provider and employer.