

WSD 2022-2023 School Year : Consent to Share Program Eligibility Information to Other school Programs

Updated October 27, 2022



If you qualify for free or reduced-price meals based on household size or income or, if you receive Basic Food, Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservations (FDPIR), or have Directly Certified as eligible for free or reduced-price meals you may be eligible for decreases fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals.

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits.

Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	ASB Card	Fee Waiver
<input type="checkbox"/>	Dance Admission	Fee Waiver
<input type="checkbox"/>	ASB Field Trips	Fee Reduction
<input type="checkbox"/>	ASB Club Dues & Fees	Fee Waiver
<input type="checkbox"/>	ASB Competitions and Conferences	Fee Waiver
<input type="checkbox"/>	Athletic Fees	Fee Waiver
<input type="checkbox"/>	Uniforms-Barrier to participation	Fee Waiver
<input type="checkbox"/>	Home Athletic Events	Reducing Admission for Immediate Family Members
<input type="checkbox"/>	High School Graduation Cost	Fee Reduction

STUDENT INFORMATION: List all your students enrolled in the Wahluke School District.

Child's Name:	Grade:	DOB:
Child's Name:	Grade:	DOB:
Child's Name:	Grade:	DOB:
Child's Name:	Grade:	DOB:
Child's Name:	Grade:	DOB:

By signing below, you grant permission for your student's eligibility status to be shared with WSD staff or third-party vendors who are directly associated with the administration or point of sale system of the selected program above.

Signature of Parent/Guardian: _____ Date: _____

E-Mail Address: _____ Phone: _____

Please return this form to:

Cheryl Douglas | District Office | 411 E Saddle Mt. Dr Mattawa WA, 99349

WSD: Family Income Survey and Consent to Share Form

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Section 2 This section must be completed to determine eligibility of fee waiver

Definitions for Section 2

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If you are applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is any taxable income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not count foster payments as income.

ELIGIBILITY: Figure out your total household income. Then look at the income chart below. Find your household size. If your total household income is equal to or less than the amount listed for your household size, check the box. If your total household income is greater than the amount listed for your household size check the None of the above box.

Income Chart

Effective from July 1, 2022 through June 30, 2023

Check box that applies	Household Size	How often Payment is Received				
		Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
<input type="checkbox"/>	1	\$25,142	\$2,096	\$1,048	\$967	\$484
<input type="checkbox"/>	2	\$33,874	\$2,823	\$1,412	\$1,303	\$652
<input type="checkbox"/>	3	\$42,606	\$3,551	\$1,776	\$1,639	\$820
<input type="checkbox"/>	4	\$51,338	\$4,279	\$2,140	\$1,975	\$988
<input type="checkbox"/>	5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
<input type="checkbox"/>	6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
<input type="checkbox"/>	7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
<input type="checkbox"/>	8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
<input type="checkbox"/>	For each add household member	\$8,732	\$728	\$364	\$336	\$168
<input type="checkbox"/>	None of the above.					

Section 3

SIGNATURE: I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) this information. I understand my family's poverty status may be shared with other programs/agencies as allowed by law. I consent to my family's poverty status being shared with programs selected above for the purpose of waiving or reducing student fees for all students listed on this form in Section 1.

Parent Guardian Print Name: _____

Parent/Guardian Signature: _____

Phone: _____ Email: _____

Address: _____ City _____ State _____ Zip _____