

• **Waiver of Confidentiality**

Royal Valley USD #337

Dear Parent/Guardian;

You do not have to send in this form to get free or reduced price Child Nutrition Program benefits for your child/children.

To save you time and effort, information about your child/children's eligibility for free or reduced price Child Nutrition Program benefits may be shared with other programs for which your child/children may qualify. For the program listed below, we must have your permission to share your information.

Textbook Waiver

No, I DO NOT want information about my child/children's eligibility for Child Nutrition Program benefits shared with the program I have checked above.

Yes, I DO want school officials to share information about my children's eligibility for Child Nutrition Program benefits with the program I have checked above.

If you checked YES to the question above, fill out the form below. Your information will be shared only with the program you checked.

Child's Name: _____ 2017-2018 Grade Level: _____

Child's Name: _____ 2017-2018 Grade Level: _____

Child's Name: _____ 2017-2018 Grade Level: _____

Child's Name: _____ 2017-2018 Grade Level: _____

Signature of Parent/Guardian: _____

For more information please contact Susan Pfrang at 785-966-2246.

Return this form to: Susan Pfrang, P.O. Box 219, Mayetta, KS 66509

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