

USD 503 Parsons District Schools
Consent for Disclosure
Sharing Information with Other Programs

Dear Parent/Guardian:

You do not have to sign or send in this form to get reduced price or free Child Nutrition Program benefits for your children. If you do not sign the Consent of Disclosure, it will not affect eligibility for or participation in the Child Nutrition Programs.

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

- No, I DO NOT** want information about my children's eligibility for Child Nutrition Program benefits shared with any of these programs.
- Yes, I DO** want school officials to share information about my children's eligibility for Child Nutrition Program benefits only with the programs I have checked below.
- Preschool and/or Day Care Benefits
 - Medicaid/Health Wave Benefits
 - Textbook Fees
 - ACT Testing

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____	School: _____
Child's Name: _____	School: _____
Child's Name: _____	School: _____
Child's Name: _____	School: _____
Child's Name: _____	School: _____
Child's Name: _____	School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call:

School Official's Name: Barbara McClelland

Phone: (620) 421-4190

Return this form to the address below by _____.

Address: Parsons Middle School Office, 2719 Main, Parsons, KS 67357

This institution is an equal opportunity provider.