

## KELSO SCHOOL DISTRICT NUTRITION SERVICES

### Parental Release of Information: Optional Form

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

If your student qualifies for free or reduced-price meals, they may be eligible for decreased/waived fees. Kelso School District Nutrition Services must obtain consent to share this eligibility information with programs.

This form is optional and can be completed at the time of need, it will be valid for the current school year. Answering yes/no or submitting/not submitting this form does not affect your child's nutrition eligibility status for free or reduced price meals. Your consent authorizes KSD Nutrition Services to release of the student's name and eligibility status only. No other information, demographic or otherwise will to be shared. School individuals authorized to receive eligibility information must comply with program privacy standards and will not share any information with any other entity or program. Your signature on this form authorizes us share your child's eligibility status with the selected programs. Please note if your student does not have qualifying paperwork on file for the current school year and it is within the first 30 days of school, their eligibility status from the previous school year may be used. Once the 30th school day has passed, only their current year eligibility status may be applied. The shared information will be used to determine your student's eligibility to receive decreased/waived fees for the following programs:

- Associated Student Body
  - ASB Card
  - Facilitate fee waivers as required by RCW 28A.325.210
- Athletic/Sports Fees
- Class Fees
- Field Trips
- Optional Non-Credit Activities
  - Dance admission, program tickets, etc.
- Testing Fees
  - PSAT, SAT, STAMP, etc.
- Internet access program eligibility

School Year: 2023-2024

Student Name(s) : \_\_\_\_\_

School Name(s) : \_\_\_\_\_

**I authorize the release of eligibility status for the purpose of determining waived/reduced fees for the programs listed above:**                      **YES** \_\_\_\_\_                      **NO:** \_\_\_\_\_

I would like to OPT OUT of sharing eligibility information for one or more programs, but authorize the remainder.

Programs I would NOT like eligibility information shared with are: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form to Nutrition Services 1904 Allen Street, Kelso, WA 98626. OR by email to [nutrition.resource@kelsosd.org](mailto:nutrition.resource@kelsosd.org)