St. Francis Area Schools

Nutrition Services 3325 Bridge St. NW, St. Francis MN 55070 763-753-7060 • www.isd15.org

Waiver of Confidentiality

Re:	Application for Educational Benefits Form and Sharing Information with Other Programs	
То:	Parent/Guardian of St. Francis Area Schools Student	
To save you time and effort, the information you gave on your Application for Educational Benefits form may be shared with other programs for which your child(ren) may qualify. For the following programs, we must have your permission to share your information. Submitting this form will not change whether your child(ren) gets free or reduced-price meals.		
Yes! I DO want Nutrition Services to share information from my Free and Reduced-Price School Meals Application with the following programs:		
	Activities	
	Athletics Department	
	Counseling/Career Center Fee waivers for ACT, AP exam, transcript, PSAT, SAT, college tou	rs, college application, class fees, Senior Day
	Preschool Place 15, Pathways II/School Readiness tuition and fees	S
If you checked any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed 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:
Signature of Parent/Guardian:		Date:
Printed Name:		
Addres	s:	
Email Address:		

For more information, call Nutrition Services at 763-753-7060 or email to nutrition.office@isd15.org. Return this form to: St. Francis Area Schools Nutrition Services, 3325 Bridge St. NW, St. Francis, MN 55070