



Mac Lary, Director
 Food and Nutrition Services
 3625 Fairview Industrial Drive SE • Salem, Oregon 97302
 503-399-3091 • FAX: 503-391-4073

Christy Perry, Superintendent

Sharing Free or Reduced Price Meal Information with Other Programs

The information you give on the Confidential Family Application for Free & Reduced Meals is used to determine your student(s) eligibility for Free & Reduced Price meals. **With your permission, the information may also be shared and used to determine your student(s) eligibility to receive benefits for reduced or waived fees for other programs.**

Sending in this form will not change whether your student(s) receive free or reduced meals.

Signing this waiver is NOT a requirement for participation in any school nutrition program.

Listed below are some programs that your student may receive the benefits of **reduced price or waived fees**. Please mark with a check (x) on each of the statements below to indicate your approval for the sharing of this information:

- Educational/School related program fee waiver or reduction; Academic Testing Fees; Tuition Fee for College Credit Courses taken in High School etc.
- Athletic Participation Fees
- Other Programs fee waiver/reduction- (Medical/Dental Program Fees)
- NO**, I do not want information from my Confidential Application Free & Reduced Meals shared with any other programs.
- YES**, I give permission for school officials to share the information on my Confidential Application for Free & Reduced Meals so that my student(s) may qualify for possible benefits in the above listed program areas.

If you checked "YES", and marked any or all the programs listed above complete the information below and return this form to your student's school or mail to Food & Nutrition Services, 3625 Fairview Industrial Drive SE, Salem, OR 97302.

I understand that I am releasing information (student's name, F/R status, and/or contact information to only the programs I have marked. I certify that I am the parent/legal guardian of the child (ren) for whom application being made.

Signature of Parent/Legal Guardian _____ Date _____

Printed Name _____

Address _____

Childs Name _____ Birthdate _____ School _____

Childs Name _____ Birthdate _____ School _____

Childs Name _____ Birthdate _____ School _____

For further information, contact Food & Nutrition Services at 503-399-3169 or your local school
 Salem-Keizer Public Schools is an Equal Opportunity Employer

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