



# SHAWNEE MISSION SCHOOL DISTRICT

## Consent for Disclosure 2019-2020

Dear Parent/Guardian:

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.

\_\_\_\_\_ Yes, I DO want information about my children's eligibility shared with school officials.

\_\_\_\_\_ Pre Kindergarten

\_\_\_\_\_ Transportation

Please fill out the form below. If you marked yes, your information will be shared only with the necessary parties.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may contact:

Shawnee Mission School District Food Service Department  
6701 W 83<sup>rd</sup>, Overland Park, KS 66204

Please return this original form to the address above as soon as possible.

This institution is an equal opportunity provider