

ALEXANDRIA CITY PUBLIC SCHOOLS
CONSENT TO SHARE INFORMATION FOR BENEFITS FOR OTHER PROGRAMS

Student's School ID	Student Name (First, MI, Last)	School Name	Date of Birth
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

Please check (✓) the box or boxes that apply.

If I want my children to receive **ALL ELIGIBLE BENEFITS**, I will check (✓) the box in the left-hand column below. If I want my children's information shared with only specific programs, I will check (✓) only the box or boxes from the right-hand column that describe the programs. I understand that not all benefits and programs described below will be available to students at every school and at every grade level.

☐ **ALL Eligible Benefits**

OR

Specific Programs

☐ **Classroom Fees:**

Musical Instrument
Supplemental Class Material
Equipment Fees (e.g., calculators)

☐ **Assistance to Students:**

Information on medical or dental assistance
Recreation / Soccer

☐ **Test/Application Fees:**

ACT/SAT Waivers

☐ **I DO NOT** want my children's eligibility status in the federal Free and Reduced Meal program shared with any programs. Declining to share your children's eligibility with other ACPS or non-ACPS programs will not affect their eligibility for free or reduced meals.

Signature of Parent/Guardian: _____

Date: _____

PRINT Name: _____

RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL