

2023-2024

**Beaverton School District
SHARING FREE OR REDUCED-PRICE INFORMATION
WITH OTHER PROGRAMS**

Dear Parent/Guardian:

The information you give on the Confidential Application for Free or Reduced-Price Meals is used to determine your student(s)' eligibility for Free or Reduced-Price meals. **The information may also be used to determine your student(s) eligibility to receive benefits for other district programs. For the following programs, we must have your permission to share your information.**

Completing this form will not change whether your student(s) get free or reduced meals, and it is NOT A REQUIREMENT.

No! I DO NOT want information from my Free and Reduced-Price School Meals Application shared with any of the programs listed below.

If you checked "No," stop here. You do not have to complete or send in this form. Your information will not be shared.

Yes! I DO want BSD school officials to share information from my Free and Reduced-Price School Meals Application with the following BSD programs.

- BSD Educational/School-related program fees (examples: Electronic device insurance, field trips, educational workbooks, elective class lab and test fees, college tuition fees, night school fees, Outdoor School fees, PSAT/SAT/ACT test fees, AP test fees)
- Administrative BSD Programs: (examples: student activity fees, student body card fees, before and after school programs)
- BSD Athletic Programs
- Medical / Dental / Eye Program fee waiver/reduction

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

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Student Name	Birthdate MM/DD/YYYY	Student ID Number	School
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Return this form to:

**Meal Benefits – 10740 NE Walker Rd, Entrance D1 - Hillsboro, OR 97006
or Your School Office**

This institution is an equal opportunity provider.