

## 2023-2024 Consent to Share Form

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Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may qualify you for school fee waivers. **For the following programs, we must have your permission to share your meal status to waive these fees and/or share your general economic status for state reporting purposes. Sending in this form will not change whether your children get free or reduced-price meals.**

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- Yes! I **DO** give my permission for my child(ren)'s meal status to be shared with school officials to determine if my child(ren) qualify for an **Instructional Fee Waiver**.
  - Yes! I **DO** give my permission for my child(ren)'s meal status to be shared with school officials to determine if my child(ren) qualify for a **Course Fee Waiver**.
  - Yes! I **DO** give my permission for my child(ren)'s meal status to be shared with school officials to determine if my child(ren) qualify for an **Athletic Fee Waiver**.
  - Yes! I **DO** give my permission for my child(ren)'s general economic status to be shared for state reporting. (Please note that no personal information will be shared for reporting purposes.)
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- No- I do **NOT** want my child(ren)'s meal status shared with school officials for fee waiver processing. I understand that by declining to share my school meal status I will be responsible for all charges associated with instructional, course, and athletic fees.
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**If you checked yes to any or all of the boxes above, fill out the form 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: \_\_\_\_\_

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

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

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

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

**Return this form directly to your child(ren)'s school, or to Megan Schweller, Food Service Supervisor, at 160 S. Hamilton Road, Gahanna OH, 43230, by email at SchwellerM@gjps.org, or by fax at 614-478-5568**

*This institution is an equal opportunity provider.*