

Parental Release of Information Form

CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION

If you qualify for free or reduced-price meals, you may be eligible for decreased fees to participate in other school programs.

This form is optional, and submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals or milk. Individuals or programs receiving the information you authorize for release on this form will not share the information with any other entity or program.

Please indicate you authorize eligibility status for the program to be shared for each child by completing the form below. This authorizes release of name and eligibility status only; no other information or demographics is allowed to be shared.

Ephrata School District

Please Return to: **Ephrata High School or Ephrata Middle School**

School Year: 2023-24

Child's Name:		Grade:
Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	Associated Student Body (ASB) Fees and Any Fee Required for Athletic Participation	Facilitate automatic waiver for any fees required for athletic participation.
Child's Name:		Grade:
Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	Associated Student Body (ASB) Fees and Any Fee Required for Athletic Participation	Facilitate automatic waiver for any fees required for athletic participation.
Child's Name:		Grade:
Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	Associated Student Body (ASB) Fees and Any Fee Required for Athletic Participation	Facilitate automatic waiver for any fees required for athletic participation.
Child's Name:		Grade:
Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	Associated Student Body (ASB) Fees and Any Fee Required for Athletic Participation	Facilitate automatic waiver for any fees required for athletic participation.

Signature of Parent/Guardian: _____ **Date:** _____

E-Mail Address: _____ **Phone:** _____