



Parent / Guardian Release of Student Meal Benefit Eligibility

Dear Parent or Guardian:

If you would like to have your student(s) current school year free or reduced eligibility shared with school officials in order to receive additional reduced program fees in our district, please return this form directly to our Food & Nutrition Office via mail, fax or email. Your student may not have the option for a reduction of fees until this form is received and processed by our office. This is an annual process.

Student Name (Please Print): _____ Date of Birth: _____ School: _____

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Other Benefits – Please check the box in front of the programs that you wish to share your child’s free or reduced price meal status with, in order to qualify for a reduction in fees:

YES! Please share my student(s) eligibility status for LSSD InTouch Reduced Program Fees (Chromebook Protection Plan, AP Testing, Summer School, ASB Cards, ASB Dances, ASB Competitions, ASB Conferences, ASB Plays, ASB Home Games, ASB Uniforms, ASB Field Trips, ASB Dues) InTouch is our district online fee payment system.

By signing below, I allow the information contained on this application to be shared with the other program(s) I have indicated.

Parent/Guardian Signature* (*required for benefit)

Date

No thanks! Please **do not** share my student(s) eligibility status. If you have any questions regarding eligibility benefit, please contact the Nutrition Office at 425-335-1561.

Otros beneficios – Marque el casillero delante de los programas con los que desea compartir la categoría de comida gratuita o a precio reducido de su hijo para obtener una reducción del precio:

Si! Por favor comparta el estado de elegibilidad de mi (s) estudiante (s) para las tarifas reducidas del programa LSSD InTouch (plan de protección de Chromebooks; exámenes AP, escuela de verano, tarjetas ASB, bailes ASB, competencias ASB, conferencias ASB, juegos ASB, juegos en casas ASB, uniformes ASB, Viajes, cuotas de ASB)

Al firmar a continuación, dejo que la información contenida en esta solicitud sea compartida con el otro programa (s) que he indicado.

Firma Padre/ tutor

Fecha

No, gracias! Por favor, no comparta el estado de elegibilidad de mi (s) estudiante (s). Si tiene alguna pregunta sobre los beneficios de elegibilidad, comuníquese con la Ofician de Nutricion al 425-335-1561 **(PREGUNTAS?) En Espanol llamades: Nora Jimenez Gonzalez 425-335-1565**