



Consent to Share Child Nutrition Program Eligibility Information 2024-2025

Families that qualify for free or reduced-price meals may also qualify to participate in other school programs and activities at no or reduced cost if consent is given by the parent/guardian. This form is optional and submitting or not submitting this form will not affect a child’s eligibility for free or reduced-price meals or milk.

This release authorizes Yelm Community Schools to share the child’s information with school personnel to support the child’s participation in the opportunities listed below. The district will not share this information with any outside or 3rd party entity or program.

Name of Student		School
Check to Allow	Title of School Program	How information will be shared
<input type="checkbox"/>	ASB Activities, Athletics or Clubs Fees	Fee Reduction or waived per RCW.28A.325.010
<input type="checkbox"/>	Field Trips	Fee Reduction
<input type="checkbox"/>	ACT, SAT or AP Assessment Fees	Fee Reduction
Name of Student		School
Check to Allow	Title of School Program	How information will be shared
<input type="checkbox"/>	ASB Activities, Athletics or Clubs Fees	Fee Reduction or waived per RCW.28A.325.010
<input type="checkbox"/>	Field Trips	Fee Reduction
<input type="checkbox"/>	ACT, SAT or AP Assessment Fees	Fee Reduction
Name of Student		School
Check to Allow	Title of School Program	How information will be shared
<input type="checkbox"/>	ASB Activities, Athletics or Clubs Fees	Fee Reduction or waived per RCW.28A.325.010
<input type="checkbox"/>	Field Trips	Fee Reduction
<input type="checkbox"/>	ACT, SAT or AP Assessment Fees	Fee Reduction
Name of Student		School
Check to Allow	Title of School Program	How information will be shared
<input type="checkbox"/>	ASB Activities, Athletics or Clubs Fees	Fee Reduction or waived per RCW.28A.325.010
<input type="checkbox"/>	Field Trips	Fee Reduction
<input type="checkbox"/>	ACT, SAT or AP Assessment Fees	Fee Reduction

I authorize Yelm Community Schools to access student records for my child(ren) when participating in the above activities to determine eligibility of waived or reduced fees.

Parent/Guardian Signature

Date

Email Address

Phone

Please return signed form to your school or mail to:

Yelm Community Schools
Food Services
PO Box 476
Yelm, WA 98597