

**2025-2026 COLORADO SPRINGS SCHOOL DISTRICT 11
SHARING FREE AND REDUCED PRICE
SCHOOL MEAL INFORMATION WITH OTHER PROGRAMS**

Dear Parent/Guardian:

If you received notification that your student(s) qualified for free or reduced-price school meals, this information may be shared with the school/district for the purpose of waiving or reducing certain school/district program fees that you might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s) eligibility for school meals.

No! I **DO NOT** wish to share my child(ren)'s eligibility status with any District programs.



If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared. *You may still qualify for the same fee waivers by presenting a copy of the eligibility notification letter you received to the programs offering the fee waivers.*

Yes! I **DO** wish to share my child(ren)'s eligibility status with **ALL** District programs listed below for which he/she is participating and may qualify for a Fee waiver.

You may only share the information with the District program(s) checked below. This section will allow the sharing of status for some programs while allowing the exclusion of others. You will need to fill out the student/parent information to complete.

Yes! I **DO** wish to share my child(ren)'s eligibility status with **Advanced Placement (AP) Exam and/or Book Fees**

Yes! I **DO** wish to share my child(ren)'s eligibility status with **Accelerate College Opportunity Exam and/or Book Fees**

Yes! I **DO** wish to share my child(ren)'s eligibility status with **School Athletics**

Yes! I **DO** wish to share my child(ren)'s eligibility status with **Book/Class Fees**

Yes! I **DO** wish to share my child(ren)'s eligibility status with **Music, Arts & Field Trips**

Yes! I **DO** wish to share my child(ren)'s eligibility status with **School Registration Fees**

If you checked yes to any or all of the boxes above, complete the section below to ensure that your information is shared for the child(ren) in your household. Your information will be shared only with the programs you checked. (You will find your students ID# on the letter you received. Keep the letter for your records.)

Child's Name: _____ School: _____ Students ID# _____

I certify that I am the parent/legal guardian and a member of the household of the child(ren) for whom the release is being made.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____ Phone _____

Return this completed and signed form to 5260 Geiger Blvd., Co. Spgs., CO 80915 or fax 520-2935 or email schoolmeals@d11.org.

For more information, you may call the Free and Reduced Coordinator at 520-2934.

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