SHAWNEE MISSION SCHOOL DISTRICT
STUDENT NUTRITION SERVICES

Consent for Disclosure

Sharing Information with Other Programs

Dear Parent/Guardian:

You do not have to sign or send in this form to get reduced price or free Child Nutrition Program benefits for your children. If you do not sign the Consent for Disclosure, it will not affect eligibility for or participation in the Child Nutrition Programs.

To save you time and effort, information about your children's eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.

☐ **Yes**, I DO want school officials to share information about my children's eligibility for Child Nutrition Program benefits only with the programs I have checked below.

- ☐ Instructional Resource Fee
- ☐ Pre-Kindergarten
- ☐ Transportation
- ☐ Advanced Testing Fees
- ☐ Vision & Dental Resources

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: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name:

Address: _____

Return this form to Student Nutrition Services either by mail or email:
Shawnee Mission School District
Student Nutrition Service Department
6701 W 83rd Street
Overland Park, KS 66204
Email – studentnutrition@smsd.org

This institution is an equal opportunity provider.