



## 2025-26 Consent to Share School Meal Eligibility Information with Other Programs

If you qualify for free or reduced-price meals based on household size or income or if you receive Basic Food, Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservations (FDPIR), or have been Directly Certified as eligible for free or reduced-price meals, you may be eligible for additional services, waived or reduced fees to participate in other school activities or programs.

Parents or legal guardians must annually give their consent to share school meal eligibility with other school officials for students to participate in the program described below.

**Step 1: Check the box for the program(s) that you consent to share school meal eligibility information with.**

Check to participate	School Program	Program description
<input type="checkbox"/>	Family Engagement Specialist	Connects families with information about support services & resources in the community such as food, backpacks, school supplies, clothing, etc.
<input type="checkbox"/>	Fee Waiver Program	Offers waived fees for certain academic tests; extracurricular activities such as ASB dues, event registrations, field trips, performances, social events/dances, sporting events, transportation fees, athletic fees and required uniforms (up to \$700).

***Fee Waiver Program:*** *Once this form is returned to Nutrition Services, please allow 3-5 business days to be activated in the Fee Waiver Program. Once activated, fee-waiver eligible items will be automatically waived or reduced at the time of purchase on the BSD Online Payment site (InTouch). Fee waivers are not applied retroactively, and fees paid prior to becoming active in the Fee Waiver Program are not refundable.*

Step 2: Print Student Name(s):	Student ID#	School	Grade

My signature below gives permission to Nutrition Services to disclose my student’s eligibility status for free or reduced-price meals for the administration of the programs described above. I understand that I am not required to sign this consent statement. If I choose not to sign, my student will still be eligible for free or reduced-price school meals. Eligibility information will be stored in a location where it is unavailable to other parents, students or staff.

**Step 3: Print and Sign Name**

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**Print Name** of Parent or Legal Guardian Date

\_\_\_\_\_

**Signature** of Parent or Legal Guardian Phone:

\_\_\_\_\_

**Email Address:**

**Step 4: Return form to:**  
 Nutrition Services  
 12037 NE 5<sup>th</sup> Street  
 Bellevue, WA 98005  
**Fax:** 425-456-4586  
**Email:** nutrition@bsd405.org