

Port Angeles School District

*This form is also available on Skyward Family Access!*

**CONSENT TO SHARE PROGRAM ELIGIBILITY INFORMATION FOR DISTRICT PROGRAMS 2025-26 School Year**

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 decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals or Summer-EBT benefits.

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared with related staff for program benefits.

Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	ASB Card & related activities	If Applicable: Eligibility for waived/reduced fees will be shared with school staff
<input type="checkbox"/>	Athletic/Club/Music related fees	If Applicable: Eligibility for waived/reduced fees will be shared with school staff
<input type="checkbox"/>	SAT/PSAT testing fees	If Applicable: Eligibility for waived/reduced fees will be shared with school staff

**Print Student Name(s):**

**School(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_