



**CONSENT TO SHARE PROGRAM ELIGIBILITY
INFORMATION FOR OTHER SCHOOL PROGRAMS
2025-2026 School Year**

Ferndale School District #502

Please return to: Ferndale Food Services, PO Box 698, Ferndale WA, 98248 or

Email: FoodServices@ferndalesd.org

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 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 for other program benefits.

| Check to participate | Title of school program | How the shared information will be used |
|--------------------------|-------------------------|---|
| <input type="checkbox"/> | ASB Card | Reduction in Fee |
| <input type="checkbox"/> | AP Testing | Reduction in Fee |
| <input type="checkbox"/> | Accuplacer Testing | Reduction in Fee |
| <input type="checkbox"/> | Device Insurance | Reduction in Fee |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |

Print Student Name(s) and attending school here:

Signature of Parent/Guardian: _____ Date: _____

Email Address: _____ Phone: _____

This institution is an equal opportunity provider.