Parental Release of Information Form

2026-2027

CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION

If you qualify for free or reduced-price meals, you may be eligible for decreased fees to participate in other school programs.

This form is optional and submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals, or milk. Individuals or programs receiving the information you authorize for release on this form will not share the information with any other entity or program.

Please indicate the program(s) you authorize eligibility status to be shared for each child by completing the form below. This authorizes release of name and eligibility status only; no other information or demographics is allowed to be shared.

QUINCY SCHOOL DISTRICT
Return to: 404 1st Ave SW Quincy WA
Or, return to your child's school

First Child's Name:		**School/Grade:**	**District only**	
Check to participate	Title of school program	How the shared information will be used	Sky	InT
☐	ASB/Activities	waiver of applicable fees, if qualified		
☐				
☐				
Second Child's Name:		**School/Grade:**		
Check to participate	Title of school program	How the shared information will be used	Sky	InT
☐	ASB/Activities	waiver of applicable fees, if qualified		
☐				
☐				
Third Child's Name:		**School/Grade:**		
Check to participate	Title of school program	How the shared information will be used	Sky	InT
☐	ASB/Activities	waiver of applicable fees, if qualified		
☐				
☐				

Signature of Parent/Guardian:_____ **Date:**_____

E-Mail Address:_____ **Phone:** _____

USDA is an equal opportunity provider and employer.