USD 385 Andover Public Schools
Bonnie Scarth, Food Service Coordinator
202 West Market
Andover, Kansas 67002
Office: 316/218-4603

Consent for Disclosure 2026-2027

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. This does not apply to optional purchases or class fees for middle & high school students.

☐ 1 to 1 Device ☐ HS Testing Fee (as applcal)

☐ Pay to Participate ☐ Orchestra Rental Fee

☐ Technology Fee ☐ Transportation Fee

☐ Enrollment/Textbook Fees ☐ _____

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: _____

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Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name:

Address: _____

For more information, you may call or e-mail:

School Official's Name: _____ Phone: _____ E-Mail: _____

Return this form to the address below by _____.

Address: _____

This institution is an equal opportunity provider.