South St. Paul Public Schools

WAIVER OF CONFIDENTIALITY

Sharing Information with Other Programs

Dear Parent/Guardian:

Your family has filled out an application for Educational Benefits. If your household qualifies for educational benefits, it allows the school district to discount fees for programs such as athletic, technology insurance, field trips, testing and more.

We ***must*** have your permission to share your Educational Benefits status with all South St. Paul School programs in order for you to receive discounts. If you would like to share your Educational Benefits status information for these discounts, please check the box and list your students name(s) and school(s) they will be attending below. Returning this form will not change your meal status.

☐ Yes! I DO want school officials to share my Educational Benefits eligibility information with South St. Paul Schools programs including athletics, academic activities, technology insurance, field trips, and ACT testing.

Please make sure all children in your household are listed below.
Information will only be shared for the students listed.
(If you need more space please provide the student's information on the back of this form).

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call South St. Paul School Nutrition Services at 651-457-9477 or email pthao@sspps.org.

Return this form to the South St. Paul District Office or your child's school (Attn: Nutrition Services). District discounts will not be applied until this form is completed and returned.

This institution is an equal opportunity provider.