2026-2027 Consent to Share Form

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may qualify you for school fee waivers. **For the following programs, we must have your permission to share your meal status to waive these fees and/or share your general economic status for state reporting purposes. Sending in this form will not change whether your children get free or reduced-price meals.**

- ❑ Yes! I **DO** give my permission for my child(ren)'s meal status to be shared with school officials to determine if my child(ren) qualify for an **Instructional Fee Waiver.**
- ❑ Yes! I **DO** give my permission for my child(ren)'s meal status to be shared with school officials to determine if my child(ren) qualify for a **Course Fee Waiver.**
- ❑ Yes! I **DO** give my permission for my child(ren)'s meal status to be shared with school officials to determine if my child(ren) qualify for an **Athletic Fee Waiver.**
- ❑ Yes! I **DO** give my permission for my child(ren)'s general economic status to be shared for state reporting. (Please note that no personal information will be shared for reporting purposes.)

- ❑ No- I do **NOT** want my child(ren)'s meal status shared with school officials for fee waiver processing. I understand that by declining to share my school meal status I will be responsible for all charges associated with instructional, course, and athletic 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: _____

Return this form directly to your child(ren)'s school, or to Steve Ishmael, Food Service Supervisor, at 630 Morrison Road, Gahanna OH, 43230, by email at IshmaelSt@gjps.org, or by fax at 614-478-5568

This institution is an equal opportunity provider.