Lake Washington School District
Parental Release of Information Form
School Year 2026-27

CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION

Students that qualify for free or reduced meals are eligible to have certain fees reduced or waived. If your student is already qualified for free and reduced meals for the 2026-2027 school year, please complete this consent to share form in order to have fees waived. Please keep in mind that you must consent to share every school year. Unlike free and reduced meals, there is no carryover period from prior years consent. A new free and reduced application/consent to share must be completed prior to waiving any extracurricular fees for the new school year.

If your student is not currently qualified for free and reduced meals but you believe that you are eligible, please complete a free and reduced application at www.myschoolapps.com.

This form is optional, submitting or not submitting this form will not affect your student's eligibility for free or reduced-price meals. 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 information will be used:
☐	Extracurricular activities including Associated Student Body (ASB) fees and Sports Participation fees.	Eligibility for fee waiver
☐	PSAT/SAT Testing Fees	Eligibility for fee waiver
☐	Summer School Fees	Eligibility for fee reduction

List all students living with you that are attending school and that you would like to be considered for additional benefits based on their free and reduced-price eligibility status. The consent to share application will apply to all students on the free and reduced application.

Student's Last Name	Student's First Name	Student's School

By signing below, you grant permission for your student's eligibility to be shared with LWSD staff or third-party vendors who are associated with the administration or point of sale system of the selected programs above.

Printed Name of Parent/Guardian:_____**Date:**_____

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

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

Completed forms can returned to your school, scanned and emailed to F-RMealApp@LWSD.org or mailed to: Attn: Katty Seyedali, P.O. Box 97039, Redmond, WA 98052.