For our children, our community, our world, our future
CHENEY PUBLIC SCHOOLS
Nutrition Services
12414 S. ANDRUS RD., CHENEY, WA 99004
(509) 559-4599 * FAX 559-4508
www.cheneysd.org

CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBITY INFORMATION

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

This form is optional, and submitting or 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.

School: _____ Student Name: _____

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.

Programs to share:

- ○ Extracurricular Items (ASB, Athletics, Clubs, Dances, Band/Choir)
- ○ Testing (PSAT/SAT/AP)

Yes, I do want school officials to share officials to share information about my child's eligibility for Child Nutrition program benefits, but only with the programs selected above.

_____ _____

Parent/guardian/adult student Signature *Date*