

CONSENT TO DISCLOSE MEAL ELIGIBILITY INFORMATION FOR ADDITIONAL BENEFITS

Issaquah School District

2026-27 School Year

Students that qualify for free or reduced meals, may be eligible for free or reduced fees to participate in other school programs.

This form is optional, submission of this form will not affect your student's eligibility for free or reduced-price meals.

You must sign the form to allow your eligibility status to be shared for these other program benefits:

Check to participate	Title of school program	How the shared information will be used
☐	Extracurricular activities - Associated Student Body (ASB) fees, Sports Participation fees, Event Tickets, Fieldtrips	Eligibility for fee waiver
☐	Local Aid – Academic/Curricular Fees, Building Scholarships	Eligibility for fee waiver or reduction
☐	Criterion 8 – Closing the Achievement Gap	For the purpose of gap closing and supporting student's achievement

List **ALL** students living with you that are attending school and that you would like to be considered for the listed benefits based on their free and reduced-price meal eligibility status:

Student's Full Name	Student's School

By signing below, you grant permission for your student's meal eligibility to be shared with only the designated administrator or bookkeeper for the child's school, solely for establishing eligibility and providing benefits of the selected programs above.

Printed Name: _____

Signature of Parent/Guardian: _____ Date: _____

E-Mail Address: _____ Phone: _____

(Complete, sign, and return to Your School Office, or mail to ISD Food Service, 16430 SE May Valley Rd, Renton, WA 98059)

School District Personnel: This form **MUST** be returned to the Food Service office via inter-district mail or emailed to GarciaA@issaquah.wednet.edu or Lisserb@issaquah.wednet.edu

This institution is an equal opportunity provider.