SLP BLAINE | FRIDLEY SPRING LAKE PARK
SPRING LAKE PARK SCHOOLS

Nutrition Services Department

Educational Benefits Eligibility Release Form

Complete and sign this release form to have fees waived or reduced for athletics, fine arts, community education, band instruments, AP tests and other programs associated with Spring Lake Park Schools

Please check one:

_____YES, I authorize Nutrition Services to release eligibility information to athletics, fine arts, community education, band instruments, AP tests and other programs for the sole purpose of waiving or reducing the activity/program participation fees

_____NO, I do not authorize Nutrition Services to share information for the sole purpose of waiving or reducing the activity/program participation fees

Student's Name: _____Grade: _____School: _____

Student's Name: _____Grade: _____School: _____

Student's Name: _____Grade: _____School: _____

Student's Name: _____Grade: _____School: _____

Student's Name: _____Grade: _____School: _____

I certify that I am the parent/legal guardian of the student(s) listed above

I understand that I have the right to cancel permission at any time by notifying Spring Lake Park Nutrition Services in writing

_____ _____

Parent/Guardian Signature Date

Return to: Spring Lake Park Schools, Nutrition Services, 1415 81st Ave NE, Spring Lake Park, MN 55449

This institution is an equal opportunity provider