

Lawrence Public Schools

Consent for Disclosure

Sharing Information with Other Programs

Dear Parent/Guardian:

You do not have to sign or send in this form to get reduced price or free Child Nutrition Program Benefits for your children. If you do not sign the Consent for Disclosure, it will not affect eligibility for or participation in the Child Nutrition Programs.

To save you time and effort, information about your children’s eligibility for reduced price or free Child Nutrition Program Benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.

- No, I DO NOT** want information about my children’s eligibility for Child Nutrition Program benefits shared with any of these programs.
- Yes, I DO** want school officials to share information about my children’s eligibility for Child Nutrition Program benefits with the programs I have checked below.

- | | |
|--|--|
| <input type="checkbox"/> Activity Trip Transportation | <input type="checkbox"/> Activity Tickets |
| <input type="checkbox"/> Student Fees – Books, Materials, Tech | <input type="checkbox"/> Graduation Fees: Cap and Gown |
| <input type="checkbox"/> Instrument Maintenance Fee | <input type="checkbox"/> Scholarships and/or Internships |
| <input type="checkbox"/> Participation Fees | |
| <input type="checkbox"/> Co- Curricular Fees | |
| <input type="checkbox"/> Course 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: _____

Child’s Name: _____ School: _____

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Child’s Name: _____ School: _____

Signature of Parent/Guardian _____ (required) Date: _____

Printed Name: _____

Address: _____

For more information, you may call:

Food Services Department at (785)832-5000

Return this form to:

Food Services Office, 110 McDonald Dr. Lawrence, KS 66044

This institution is an equal opportunity provider