

Lawrence Public Schools
Consent for Disclosure
Sharing Information with Other Programs

Dear Parent/Guardian:

If your student(s) qualified for free or reduced-priced meals and you wish to waive their eligible student fees, completion of this form is required.

You do not have to sign or send in this form to get free or reduced-price 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. Please indicate your preferences using an "x" or check mark.

☐ **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 Fees | <input type="checkbox"/> Instrument Maintenance Fees |
| <input type="checkbox"/> Instructional Resources Fees | <input type="checkbox"/> Course Fees |
| <input type="checkbox"/> Device Fees | <input type="checkbox"/> Activity Ticket Fees |
| <input type="checkbox"/> Participation Fees | <input type="checkbox"/> Graduation Fees: Cap, Gown, etc. |
| <input type="checkbox"/> Co-Curricular Fees | <input type="checkbox"/> Scholarships and/or Internships |

If you marked any or all of the items above, fill out the form below. Your information will be shared only with the programs you marked.

Child's Full Name: _____ School: _____

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Child's Full Name: _____ School: _____

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

Printed Name: _____

Address: _____

For more information, you may call the Nutrition & Wellness Department at (785)832-5000.

Return this form to **your school** or the Business Office at 110 McDonald Dr. Lawrence, KS 66044.

This institution is an equal opportunity provider.