

Parental Release of Information Form

CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION

If you qualify for free or reduced-price meals, you are eligible for fee waivers to participate in other school programs.

This form is optional, and submitting/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.

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.

Davenport School District
School Year: 2020-21

Name(s) of Students:

Fees to be Waived/Reduced:

| | | |
|------------------------------|--------------|-----------------------------|
| • ASB Cards | • Plays | • ASB Field Trips |
| • Dances | • Home games | • Reduced Adult ASB cards |
| • Competitions & Conferences | • Uniforms | • Other non-curricular fees |
| • Reduced After School Fees | • Dues | • College in the HS Fees |

Additional fee reductions/waivers may be added.

Signature of Parent/Guardian: _____ **Date:** _____

E-Mail Address: _____ **Phone:** _____

USDA is an equal opportunity provider and employer.