



DAVE HARVEY, Director
Food and Nutrition Services
3625 Fairview Industrial Drive SE • Salem, Oregon 97302
503-399-3091 • FAX: 503-391-4073

Christy Perry, Superintendent

**SHARING FREE OR REDUCED-PRICE INFORMATION
WITH OTHER PROGRAMS**

Dear Parent/Guardian:

The information you give on the Confidential Application for Free or Reduced Price Meal is only used to determine your student(s) eligibility for Free or Reduced Price meals. **The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs we must have your permission to share your information.**

Sending in this form will not change whether your student(s) get free or reduced meals.

Signing this waiver is NOT A REQUIREMENT for participation in any school nutrition program.

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with any of the programs listed below.

If you checked "No", stop here. You do not have to complete or send in this form. Your information will not be shared.

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with: (Mark each program to which you want information released.)

- Educational/School related program fee waiver/reduction
- School Counselor programs (Testing fees, tutoring, college applications, etc.)
- Athletic Programs fee waiver/reduction
- Administrative School Programs fee waiver/reduction
- Other programs fee waiver/reduction – (Medical/Dental Program Fees)
- Do not share with State Children’s Health Insurance Program
- Do not have any health insurance

If you marked any or all of the programs listed above, fill out the form below. I understand that I am releasing information (student’s name, F/R status, and/or contact information) to only the programs I have marked. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

Child’s Name: _____ School: _____

Child’s Name: _____ School: _____

Child’s Name: _____ School: _____

For more information, call 503-399-3169.

Return this form to: 3625 Fairview Industrial Drive SE, Salem, OR 97302 or your local school office.

Salem-Keizer School District is an equal opportunity provider.