



ATCHISON PUBLIC SCHOOLS

Renee Scott, Superintendent

Consent for Disclosure 2019-2020 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.

Yes, I DO want school officials to share information about my children’s eligibility for Child Nutrition Program benefits only with the programs I have checked below.

Textbook/Materials & Supplies Fee Waiver

Participation Fee Waiver

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: _____

Child’s Name: _____ School: _____

Child’s Name: _____ School: _____

Child’s Name: _____ School: _____

Child’s Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name:

Address:

For more information, you may call or e-mail:

School Official’s Name: Patty Gaul Phone: 913 360-6503 E-Mail: pgaul@usd409.net

Return this form to the address below by within two weeks of when your child/children start school.

Address: Board of Education Office 626 Commercial Atchison, KS 66002

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