

## Parental Release of Information Form

### CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION

If you qualify for free or reduced-price meals, you may be eligible for decreased fees to participate in other school programs, in accordance with House Bill 1660.

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 maintain your confidential information and not share your 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.

**Coupeville School District**  
**Please Return to: 501 S. Main Street Coupeville, WA 98239**  
**School Year: 2021-2022**

<b>Child's Name:</b>		
Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	Athletics	Fee Reduction/Waiver
<input type="checkbox"/>	Activities	Fee Reduction/Waiver
<input type="checkbox"/>	ASB Card	Fee Reduction/Waiver
<input type="checkbox"/>		
<b>Child's Name:</b>		
Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	Athletics	Fee Reduction/Waiver
<input type="checkbox"/>	Activities	Fee Reduction/Waiver
<input type="checkbox"/>	ASB	Fee Reduction/Waiver
<input type="checkbox"/>		
<b>Child's Name:</b>		
Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	Athletics	Fee Reduction/Waiver
<input type="checkbox"/>	Activities	Fee Reduction/Waiver
<input type="checkbox"/>	ASB	Fee Reduction/Waiver
<input type="checkbox"/>		

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_