



Consent to Share Information for Benefits for Other Programs

Children who are eligible for the Federal Free- and Reduced-Price Meals program may also be eligible to participate in other ISD194 fee-based programs without paying a fee or by paying a reduced fee. If you want your children to participate in ISD194 fee-based programs on a free or reduced fee basis, you can either:

1. Provide written notification allowing ISD194 to share information about your children's eligibility status. If you did not keep a copy of the letter received from Student Nutrition, you will need to sign this form to indicate your consent to share your children's eligibility status.

OR

2. Provide a copy of the letter you received from the Student Nutrition program stating your eligibility based upon the application you submitted or notifying you that you are directly certified.

If you agree to share this information, your children's eligibility status will be shared only with their school's principal, counselor, or other administrator on a need-to-know basis for the purposes described in this form and will not be shared with anyone else.

Please complete your children's information and check (✓) the appropriate boxes. Your agreement to share this information is completely voluntary. Declining to share your children's eligibility with other ISD194 programs will not affect their eligibility for free- or reduced-price meals. Failure to return this form indicates you do not wish to have your information shared.

Student Name	Grade	School Name

Please check (✓) the box or boxes that apply:

- YES.** I want my children's Federal Free- or Reduced-Price eligibility to be shared for the purpose of identifying ALL ELIGIBLE BENEFITS.
- YES.** I want my children's eligibility to be shared for the programs I have checked (✓) below. I understand not all benefits and programs will be available to students at every school and every grade level.
 - Student Fees
 - Academic Support Opportunities
 - Community Education
 - Classroom Fees
 - Transportation
 - Athletics / Activities
- NO.** I DO NOT want my children's eligibility status in the Federal Free- and Reduced-Meals program shared with any of the programs listed above.

Signature of Parent/Guardian:		Date:	
Printed Name:			

**Please return this form with your application or send to:
Lakeville Area Public Schools, Student Information Support,
8670 210th St West, Lakeville, MN 55044
OR fax to 952-469-7660**