



Parental Release of Information Form 2025-26 School Year

CONSENT TO SHARE PROGRAM ELIGIBILITY INFORMATION FOR OTHER SCHOOL PROGRAMS

If you qualify for free or reduced-price meals based on household size or income or, if you receive Basic Food, Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservations (FDPIR), or have been Directly Certified as eligible for free meals you may be eligible for decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals or Summer EBT benefits.

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits.

| Check to Participate (recommended to check all) | Title of School Program | How the shared information will be used |
|---|---|---|
| <input type="checkbox"/> | ASB (fees for band, athletics, field trips, membership, etc.) | Waive fees as required by RCW 28A.325.210 |
| <input type="checkbox"/> | Chromebook Insurance | Reduce fees |
| <input type="checkbox"/> | STEM Camps | Waive fees as required by RCW 28A.325.210 |

| Student ID Number (if available) | Student Name | School | Grade |
|-------------------------------------|--------------|--------|-------|
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Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

E-mail Address: _____ Phone: _____

Please send completed form to Mead School District Nutrition Services, 12509 N. Market St. Bldg. E, Mead, WA 99021

This institution is an equal opportunity employer.

Nutrition Services Office Use:

Free ☐

Reduced ☐

Initial & Date