ANACORTES SCHOOL DISTRICT CHILD NUTRITION DEPARTMENT 1600 20TH STREET ANACORTES, WA 98221

PH: 360-293-2166 ex 469 FAX: 360-293-0744

Sharing Information With Other Programs

Dear Parent or Guardian:

To save you time and effort, the information given on your Household Eligibility Application may be shared with other programs in our district for which your children may qualify for reduced fees or scholarships. For the following programs, we must have your written consent to share your Free/Reduced-price eligibility information. Completing, or not completing, this form will not change whether your child(ren) receives free or reduced-price meals.

No! I DO NOT w	ant school officials to share my	ELIGIBILITY INFORMATION with any of these programs
If you checked <i>No!</i> s	top here. You do not need to	submit this form. Your information will not be shared
YES! I DO want	After Schoo	IGIBILITY INFORMATION with the following program: I Arts Program am Specific to your School)
YES! I DO want	,	IGIBILITY INFORMATION with the following program:
	Strings	
	(Name of Progr	am Specific to your School)
YES! I DO want	school officials to share my EL	IGIBILITY INFORMATION with the following program:
	(Name of Progra	am Specific to your School)
YES! I DO want	school officials to share my EL	IGIBILITY INFORMATION with the following program:
	(Name of Progra	am Specific to your School)
If you checked YES to the programs you che	•	It the form below. Your information will be shared only with
STUDENT'S NAME (first an	d last)	SCHOOL
		_
Date	Signature of Parent/Guardian	Printed Name of Parent/Guardian
Address		

For more information you may call your school's secretary, or the Food Service Office at 360-293-2166 ex 469. Sign and return this form to *your school*, or the *Food Service Office* located at the Anacortes High School, 1600 20th St. Anacortes, WA 98221