Mulvane USD 263
628 E. Mulvane PO Box 130 Mulvane, KS 67110
316-777-1102

Consent for Disclosure

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 of 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.

☐ **No**, I DO NOT want information about my children's eligibility for Child Nutrition Program benefits shared with any of these programs.

☐ **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 Fees **all** and Class Fees at MMS & MHS (BkCls)
- ☐ All Day KG fees: per year, semester, monthly (circle choice) (AllKG)
- ☐ Peer Model Pre-K Fees (PrPK)
- ☐ Activity Fees for ***MMS & MHS only*** (MP & MGS student fee not applicable) (StdFe)
- ☐ Shuttle Bus Fees (ShtlB)

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: _____

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Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name:

Address: _____

For more information, you may call:

School Official's Name: Carla Gilbert Phone: 316-777-1102

Return this form to the address below by _____.

Address: PO Box 130 628 E. Mulvane Mulvane, KS 67110

This institution is an equal opportunity provider.