Mulvane USD #263 628 E. Mulvane, PO Box 130 Mulvane, KS 67110

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 for 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.

	'es , I DO want school officials to share info lutrition Program benefits only with the pro-	rmation about my children's eligibility for Child grams I have checked below.
	Textbook Fees: MP, MGS, MMS, MHS	Class Fees: MMS & MHS only
	Technology Fee	
	Peer Model Pre-K Fees	
	☐ Student Fee: <i>MMS & MHS only</i> (does not apply to MP & MGS)	
	☐ Shuttle Bus Fees	
	ACT	☐ Summer School
•	ecked yes to any or all of the boxes above only with the programs you checked.	, fill out the form below. Your information will be
Child's Na	ame:	School:
Signature of Parent/Guardian:		Date:
Printed N	lame:	
Address:		
For more	e information, you may call or e-mail:	
School C	Official's Name: <u>Carla Gilbert</u> Phone: 3	316-777-1102 x 5208 E-Mail: cgilbert@usd263.org
Return th	nis form to the address below by <u>15 days f</u>	rom receiving notification
Address	: PO Box 130, 628 E Mulvane, Mulvane, K	S 67110

This institution is an equal opportunity provider.