Seaman USD 345

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.

	officials to share information about my children's eligibility for Child fits only with the programs I have checked below.
☐ Instructional Materia	als and Fees
☐ College Prep/Entrar	nce Testing (ACT/SAT)
SHS (Grades 9-12)	Pass for Athletic Events, any Fine Arts Presentation and Extra
Curricular Club Fee	e Waiver (new in 2019-20)
☐ Preschool Fees/Reg	gistration
If you checked yes to any or al shared only with the programs	I of the boxes above, fill out the form below. Your information will be you checked.
Child's Name:	School:
Signature of Parent/Guardian:	Date:
Printed Name:	
Address:	
For more information, you may	v call or e-mail:

Address: Seaman Food Service, 901 NW Lyman Rd. Topeka, KS 66608

School Official's Name: **Kaye Kabus** Phone: **(785) 575-8650** E-Mail: **kkabus@usd345.com** Return this form to the address below by the date on the Application for Child Nutrition Benefits.