

**PORTLAND PUBLIC SCHOOLS  
SHARING FREE OR REDUCED PRICE INFORMATION  
WITH OTHER PROGRAMS**

Dear Parent/Guardian:

The information you give on the Confidential Application for Free or Reduced Price Meal is only used to determine your student(s) eligibility for Free or Reduced Price meals. **The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs we must have your permission to share your information.**

Sending in this form will not change whether your student(s) get free or reduced meals.

Signing this waiver is NOT A REQUIREMENT for participation in any school nutrition program.

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**No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of the programs listed below.

**If you checked "No", stop here. You do not have to complete or send in this form. Your information will not be shared.**

**Yes! I DO** want school officials to share information from my Free and Reduced Price School Meals Application with: (Mark each program to which you want information released.)

Educational/school related program fee waiver or reduction – field trips, educational workbooks, elective class lab fees, college tuition fees, night school fees, summer school fees, fee-for-service Kindergarten or pre-K fees, Outdoor School fees, PSAT/SAT/ACT test fees

Athletic programs fee reduction

Administrative school programs fee waiver or reduction - Before & After School Program fees, Bus/Transportation fees, Student activities fees (dances), Student Body Card fees. Transfer to a school of choice (eligibility is "weighting" factor for school transfer lottery)

Medical/dental services fee waiver/reduction

**If you marked any or all of the programs listed above, fill out the form below. I understand that I am releasing information (student's name, F/R status, and/or contact information) to only the programs I have marked. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made.**

Parent/Guardian Printed Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

This institution is an equal opportunity provider.

Please return form to Benson Counseling Department