

LAKWOOD SCHOOL DISTRICT RELEASE OF FREE/REDUCED STATUS

Parent/Guardian Consent for Release of Student(s) Free or Reduced-Priced Eligibility Status

By law Food & Nutrition Services is not allowed to release a child's free or reduced-priced eligibility status without consent from the parent/guardian.

Please skip this section if you are not seeking benefits for the program you are applying for.

Program Name: _____

Dear Parent/Guardian,

Please **fill out this section completely** and **sign below** if you want to give school officials permission to use the information provided on this application to determine and/or share your children's eligibility for the program for which you are seeking benefits.

Date: _____ Parent Guardian Name: _____
(First Name, Last Name – Please Print)

Student Name: _____ School: _____
(First Name, Last Name – Please Print)

- Yes, my student(s) qualifies for **Free or Reduced Priced School Meals** for the current school year.
- Print a copy of my students' approval letter to include with the application for the program I am applying for.

I, _____ (*Parent/Guardian's signature*), give permission to the Food and Nutrition Services Department of Lakewood School District to verify and release my child's free or reduced-priced meal eligibility status to the school officials to determine if he/she is eligible for benefits to the program listed above.

To view the current income guidelines or to download a current Free/Reduced Application please visit:
<http://www.lwsd.wednet.edu> then click on food service dept.

The Lakewood School District is an equal opportunity provide and employer.

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