Print Form

PERRY ★ LECOMPTON
UNIFIED SCHOOL DISTRICT 343

Waiver of Confidentiality

Dear Parent/Guardian:

You do not have to send in this form to get reduced price or free Child Nutrition Program benefits for your children.

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 with the programs I have checked below.

- ☐ Free Textbook Fees
- ☐
- ☐
- ☐

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: _____

Child's Name: _____ School: _____

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: Marty Blosser Phone: 785-597-5138

Return this form to the address below by :return with Application for Child Nutrition Program Benefits.

Address: PO Box 729, Perry KS 66073

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