2020-2021

Beaverton School District 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 Meals is 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.

Completing	this form w	ill not change	whether you	ir student(s)	net free or	reduced m	neals and	l it is N∩T	A REQUIREMEN	Т
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No! I DO NOT want information	from my Free and Reduce	d-Price School Meals Appl	ication shared with any of the pr	rograms
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 BSD school officials to share information from my Free and Reduced-Price School Meals Application with the following BSD programs.
 - BSD Educational/School-related program fees (<u>ChromeBook insurance</u>, field trips, educational workbooks, elective class lab and test fees, college tuition fees, night school fees, fees for kindergarten or pre-K, Outdoor School fees, PSAT/SAT/ACT test fees, AP test fees)
 - Administrative BSD Programs: (examples include, but are not limited to student activity fees, student body card fees, before and after school programs).
 - BSD Athletic Programs
 - Medical / Dental / Eye Program fee waiver/reduction

By marking YES, I understand that I am releasing information (student's name, F/R status, and/or contact information) to the programs listed above. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made.

Signature of Parent/Guardian:	Date:	
Printed Name:		

	Birthdate	Student	
Student Name	MM/DD/YYYY	ID Number	School
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Return this form to:

Meal Benefits – 10740 NE Walker Rd, Entrance D1 - Hillsboro, OR 97006 or Your School Office

This institution is an equal opportunity provider