

Santa Fe Trail

USD 434 • 104 S Burlingame Ave • Scranton, KS • P: 800.836.9525 • F: 785.783.4267 • www.usd434.org

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.

	Yes , I DO want school officials to share information about my children's eligibility for Chi Nutrition Program benefits only with the programs I have checked below.		
	☐ Enrollment Fees ☐ ACT Waiver ☐		
	checked yes to any or all of the boxes above donly with the programs you checked.	, fill out the form	below. Your information will be
Child's	Name:	School:	
Signatu	ure of Parent/Guardian:		_ Date:
Printed	Name:		
Addres	s:		
For mo	ore information, you may call or e-mail:		
Schoo	l Official's Name: <u>Tosha Smith</u> Phone: <u>800-8</u>	336-9525 ext 11	26 E-Mail: sftlunch@usd434.us
Return	this form to the address below by <u>Decembe</u>	<u>r 19, 2023</u> .	

This institution is an equal opportunity provider.

Address: 15701 S California Rd, Carbondale, KS 66414