

# FREE AND REDUCED PRICE MEAL APPLICATION INFORMATION RELEASE

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

CHILD NUTRITION AND FOOD DISTRIBUTION

(Rev. 6/11) G/Tools/SNP/Free and Reduced Price Meal Application Information Release

*It is not necessary to fill out the Information Release form in order to participate in the school nutrition programs. By signing the form, you are giving school nutrition program personnel the permission to release the information provided in your application for Free or Reduced Price Meals. The information will only be released in school related programs to determine eligibility for waiving fees or to determine if other benefits are available to your child(ren).*

You have my permission to release the information contained in the School Year \_\_\_\_\_ Free and Reduced Price Meal Application for my child(ren) listed below:

Name of Child (first and last)
Name of Child (first and last)
Name of Child (first and last)
Name of Child (first and last)
Name of Child (first and last)
Name of Child (first and last)
Name of Child (first and last)
Name of Child (first and last)

The information provided on the Free and Reduced Price Meal Application can be used for the programs marked below:

<input type="checkbox"/> Activities	<input type="checkbox"/> Athletics	<input type="checkbox"/> Backpack Program
<input type="checkbox"/> Tutoring, career/college exploration (as offered by Federal TRIO programs)		
<input type="checkbox"/> Other (describe) (example: Community Charitable Programs)		

I certify that I am the parent/legal guardian of the child(ren) listed above.

Signature of Parent/Legal Guardian	Date
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Printed Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**Return the completed application to: Junella Vein, Nutrition Services, West Fargo Public Schools, 801 9<sup>th</sup> St E., West Fargo, ND 58078**