

2026-2027
Consent for Disclosure
Fee and Tuition Assistance

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 your eligibility for or participation in the Child Nutrition Programs. Auburn-Washburn USD 437 offers program benefits in addition to free/reduced meals. This form gives the district permission to use state eligibility from the Child Nutrition Program to enroll your student(s) in these additional programs. This form is purely voluntary and will not impact eligibility for free and reduced meals. Failure to complete the form will not allow us to enroll your student(s) in the programs listed below:

To save you time and effort, information about your student'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 Child Nutrition Program benefits only with the programs I have **checked below**:

- Textbook, Materials and Technology Fee
- Summer School
- College Applications and Testing
- Transportation Fee
- Discounted Internet Service
- Activity Fee (Grades 6-12 Only)

This consent should be submitted within 30 days of the first day of attendance. Consent will be applied upon completion and acceptance of a free/reduced meal application, survey or direct certification. Some fees are not covered under these programs.

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: _____
Child's Name: _____	School: _____

Signature of Parent/Guardian: _____ Date: _____
Printed Name: _____
Address: _____

For more information, you may call or email:

School Official: Kierstin Jones Phone: [785-339-4043](tel:785-339-4043) Email: joneskie@usd437.net

Return this form to the school your child attends or to this address: Shuler Education Center, 5928 SW 53rd St., Topeka, KS 66610-8451.

This institution is an equal opportunity provider