



26920 Pioneer Highway
Stanwood, WA 98292
Phone 360-629-1200
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**2022-23 SCHOOL YEAR PARENTAL RELEASE OF INFORMATION FORM
CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION FOR OTHER SCHOOL PROGRAMS**

If you qualify for free or reduced-priced meals, you may be eligible for decreased fees to participate in other school programs.

This form is optional, and submitting or not submitting this form WILL NOT affect your child’s eligibility for free or reduced-priced meals. Individuals or programs receiving the information you authorize for release on this form will not share the information with any other entity or program.

Please indicate the program(s) you authorize eligibility status to be shared with by checking the box next to the program and then print each student’s name that this is allowed for. It is important to note that this authorizes the release of name and eligibility status only, no other information or demographics are allowed to be shared.

Check to Participate	Title of School Program	How the Shared Information will be Used
<input type="checkbox"/>	ASB Cards and replacements	Facilitate fee waivers as required by RCW 28A.325.010
<input type="checkbox"/>	ASB Related Activities	Facilitate fee waivers as required by RCW 28A.325.010 for middle and high school ASB Activities such as: Extra-Curricular Trips, Dance/Play tickets, Club Dues
<input type="checkbox"/>	Athletic Related Activities	Facilitate fee waivers as required by RCW 28A.325.010 For Sports Participation fees, school issued uniform fees, replacements, and fines
<input type="checkbox"/>	Optional non-credit Choir Activities	Facilitate fee waivers for students eligible for free and reduced price meals
<input type="checkbox"/>	Immediate Family Members - Entrances to Home Athletic Events	Please contact the athletic office(s) directly for information on how immediate family members of athlete(s) can qualify for a reduced price.

Fees NOT eligible for waivers or reductions, include: Parking passes, Traffic Safety fees, yearbook purchases, class fees or anything that requires a grade or extra credit points. If help is needed for paying these fees, please inquire at your school office(s).

Print Student Name(s) and School Attending here:

1. _____ School: _____ 2. _____ School: _____
 3. _____ School: _____ 4. _____ School: _____
 5. _____ School: _____ 6. _____ School: _____

Signature of Parent/Guardian: _____ **Date:** _____

Email Address: _____ **Tel:** _____

The Stanwood-Camano School District does not discriminate in any employment, programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding compliance and/or grievance procedures may be direct to the District’s Title IX/Affirmative Action Officer and Civil Rights Compliance Coordinator, Maurene Stanton (mstanton@stanwood.wednet.edu) or the Section 504/American Disabilities Act Coordinator, Robert Hascall (rhascall@stanwood.wednet.edu). Stanwood-Camano School District, 26920 Pioneer Hwy, Stanwood, WA 98292. Telephone: (360) 629-1200