

PAOLA UNIFIED SCHOOL DISTRICT #368

www.usd368.org

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Judy WelterW. Matthew MeekJimmy HayBrenda CaldwellSuperintendentAsst. SuperintendentDirector of FinanceDirector of Human Resources

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 of 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. ■ No, I DO NOT want information about my children's eligibility for Child Nutrition Program benefits shared with any of these programs. ☐ 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. ☐ Enrollment Fees ☐ ACT Test Fees ☐ Read-Write Program 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:____ Child's Name:_____ School:_____ Signature of Parent/Guardian:______ Date:_____ Printed Name: Address: Address: 401 N. Angela St., Paola, KS 66071

This institution is an equal opportunity provider.

Form 3E—Consent for Disclosure—4/2017