

School Year 2024-25

Dear Parent/Guardian,

To save you time and effort, the information you give on your ***Child Nutrition and Education Benefits Application*** may be shared with other programs which your children may qualify for. **For the following programs, we must have your permission to share your information. Sending this form to the food service office will not change whether your children get free or reduced-price meals. If you do not return this form, we cannot release your free/reduced status to these programs and you will not get your fee waived.**

_____ (check here) Yes! **I DO** want school officials to share my status from my Free and Reduced Price School Meals Application with the Jenison or Hudsonville Public Schools solely for the purpose of waiving the Pay to Play fee, AP Exam Fees, E2020 Classes (if applicable) or Credit Recovery/Summer School.

_____ (check here) Yes! **I DO** want school officials to share my status from my Free and Reduced Price School Meals Application with the Jenison or Hudsonville Public Schools Counseling/Guidance staff to potentially waive college related admission and application fees.

_____ (check here) Yes! **I DO** want school officials to share my status from my Free and Reduced Price School Meals Application with the Jenison Senior High Math Chairperson in order to qualify for the use of a free calculator. **Jenison Only if available**

_____ (check here) Yes! **I DO** want school officials to share my status from my Free and Reduced Price School Meals Application for the purpose of any Jenison Public Schools Technology Protection Plan. **Jenison Only if available**

If you check yes to the box above, fill out the form below. Your information will be shared only with the programs you checked.

If you will not be participating in this program, you do not need to fill out this form and return it.

Child's Name: _____ Building: _____

Child's Name: _____ Building: _____

Child's Name: _____ Building: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call the Food Service office at 457-2400
Return this form to: Jenison/Hudsonville Food Service 2140 Bauer Rd. Jenison, MI 49428

This institution is an equal opportunity provider and employer.