



School Year  
**2024-2025**

**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 for 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.

**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.

- Transportation**
- Registration Fees**
- Summer School**
- After School care**

**\*** 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: \_\_\_\_\_

For more information, you may call or e-mail:

School Official's Name: Andrea Hernandez Phone: 913-780-7005 E-Mail: ahernandezfpc@olatheschools.org

Return this form to the address below by **September 13, 2024**.

Address: 14140 S. Black Bob Road. Olathe, KS 66062.