



**SNOHOMISH  
SCHOOL  
DISTRICT**

1601 Avenue D, Snohomish, WA 98290-1799  
360-563-7314 Fax 360-563-7303

**Please Return to:  
Snohomish School District  
C/O Meal Applications  
1601 Avenue D  
Snohomish, WA 98290**

3520F1

## Consent to Share Free and Reduced Status Form

Your student(s) qualify for free or reduced-price meals. If you would like to have your student(s) current school year free or reduced eligibility shared with school officials in order to receive additional reduced program fees in our district, **please complete and return this form**. Mail to: Meal Applications, 1601 Avenue D, Snohomish, WA 98290. Email to [TLS@sno.wednet.edu](mailto:TLS@sno.wednet.edu). Until this form is received by our office, your student may not have the option for a reduction of fees.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_  
(First Name, Last Name – Please Print) (Date of Birth)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_  
(First Name, Last Name – Please Print) (Date of Birth)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_  
(First Name, Last Name – Please Print) (Date of Birth)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_  
(First Name, Last Name – Please Print) (Date of Birth)

**Please check a box below and return.**

**YES! Please share my student(s) eligibility status for Snohomish School District.**

By signing below, I allow my students free and reduced information to be shared with the other programs within the Snohomish School District to reduce or eliminate:

- Academic/class/lab/testing fees**
- Extracurricular/athletic/band/field trip/Associated Student Body fees**

**No thanks!** Please **do not** share my student(s) eligibility status.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Snohomish School District is an equal opportunity provider and employer.  
USDA is an equal opportunity provider and employer.