

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

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 compete and return this form.** Mail to: Meal Applications, 1601 Avenue D, Snohomish, WA 98290. Email to <a href="https://doi.org/10.1001/jcb.10.1001/jcb.10.1001/jcb.10.1001/jcb.10.1001/jcb.10.1001/jcb.10.1001/jcb.10.1001/jcb.10.1001/jcb.10.1001/jcb.10.1001/jcb.10.1001/jcb.10.1001/jcb.1001/

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)	
		DOB:	School:
	(First Name, Last Name – Please Print)	(Date of Birth)	
Student Name:		DOB:	School:
	(First Name, Last Name – Please Print)	(Date o	of Birth)
Please check a bo	ox below and return.		
	the Snohomish School District to reduce	e or eliminate:	
□ Extra	acurricular/athletic/band/field trip/	Associated S	Student Body fees
☐ No thanks! Ple	ease do not share my student(s) eligibili	ty status.	
Signature of Pare	nt/Guardian:		Date:
Email Address:			Phone:
Sr	nohomish School District is an equal opp	ortunity prov	ider and employer.

Snohomish School District is an equal opportunity provider and employer.

USDA is an equal opportunity provider and employer.