

East Union Community Schools

Application for Waiver of Confidentiality (Optional)

You do not have to complete this page to get free or reduced price school meals.

Dear Parent/Guardian:

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is school fees. Applications for a student fee waiver can be obtained from the school. Please check any of the boxes below if you would like to waive confidentiality to receive information for any of the benefits listed below.

Health Insurance - ____ Yes. I want information on health insurance for my child(ren). School officials may release my child(ren)'s free and reduced price meal eligibility status to school health or community health personnel working directly with Medicaid and *hawk-i*. **This release of information is not an application to receive health insurance benefits.**

East Union Driver's Education - ____ Yes. School officials may release my child(ren)'s free and reduced price meal eligibility status to East Union MS/HS officials to determine eligibility for this program. This program provides driving instruction necessary to get driver's permit/license.

ASPIRE (East Union After School Program) - ____ Yes. School officials may release my child(ren)'s free and reduced price meal eligibility status and my name and address to Director of East Union ASPIRE Program for informational purposes. The organization may send me information about their program.

East Union Early Childhood Center - ____ Yes. School officials may release my child(ren)'s free and reduced price meal eligibility status and my name and address to the Director of the Early Childhood Center for tuition assistance and information.

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for the above marked purposes only. This authorization is in effect for one year. I understand that I may revoke this release in writing at any time.

I certify that I am the parent/guardian of the child(ren) for whom application is being made.

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

Address: _____

Today's Date _____

Phone No.: _____