



**DENVER PUBLIC SCHOOLS
DEPARTMENT OF FOOD AND NUTRITION SERVICES
2017 - 2018 INFORMATION RELEASE**



Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify.

For the following programs, we must have your permission to share your eligibility status information. Sending or not sending in this form will not change whether your children receive free or reduced price meals.

- No! I DO NOT** want information from my Free and Reduced Price Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

- Yes! I DO** want school officials to share information from my Free and Reduced Price School Meals Application for: _____
- Yes! I DO** want school officials to share information from my Free and Reduced Price School Meals Application for _____
- Yes! I DO** want school officials to share information from my Free and Reduced Price School Meals Application for _____

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

Print Students First and Last Name	Student ID #	School Student Attends	Grade

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian _____

Address: _____

For more information, you may call _____

Return this form to: _____ by _____

DO NOT WRITE BELOW THIS LINE, FOR DENVER PUBLIC SCHOOLS USE ONLY

STUDENT IS APPROVED: _____ 100% FREE _____ REDUCED _____ FULL PAY STUDENT DOES NOT HAVE AN APPLICATION ON FILE _____

Signature of Authorized DPS Food Service Rep. _____ Date: _____

2017-2018 INFORMATION RELEASE

Dear Parent/Guardian:

Your student is registered in an Advanced Placement or International Baccalaureate course and may be eligible for benefits under a DPS Advanced Academic exam fee initiative that **waives a portion** of the fees for each exam taken. If your child is participating in the Free and Reduced Price School Meals Program, please complete and sign this Information Release form. By checking the YES box, your child will not pay the **full** exam fees for these advanced academic exams. ***Your child will only be responsible for \$16 per AP test.**

To save you time and effort, the information you gave on your Free and Reduced Price School Meals application may be shared with other programs for which you child/children may qualify. We must have your permission to share your information.

Sending this form will not change whether your child/children get free or reduced price meals.

YES I DO want school officials to share information from my Free and Reduced Price School Meals Application with the Advanced Academic exam fee initiative titled AAES: Advanced Academic Exam Support.

NO I DO NOT want information from my Free and Reduced Price School Meals Application shared with this advanced academic program.

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____

Date: _____

Printed Name: _____

Address: _____