

# 2022-2023 GJPS Consent to Share Meal Status Form

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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 information. Sending in this form will not change whether your children get free or reduced-price meals.**

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- Yes! I **DO** give my permission for my child(ren)'s meal status to be shared with school officials to determine if my child(ren) qualify for an **Instructional Fee Waiver**.
  - Yes! I **DO** give my permission for my child(ren)'s meal status to be shared with school officials to determine if my child(ren) qualify for an **Athletic Fee Waiver**.
  - Yes! I **DO** give my permission for my child(ren)'s meal status to be shared with school officials to determine if my child(ren) qualify for a **Course Fee Waiver**.
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- No! I **DO NOT** want my child(ren)'s meal status shared with school officials for fee waiver processing. I understand that declining to share my school meal status I will be responsible for all fees associated with instructional, athletic, course, and any other fees this waiver could be considered
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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: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Return this form directly to your child(ren)'s school, or to Megan Schweller, Food Service Supervisor, at 160 S. Hamilton Road, Gahanna OH, 43230, by email at [SchwellerM@gjps.org](mailto:SchwellerM@gjps.org), or by fax at 614-478-5568