

**SPARTA AREA SCHOOL DISTRICT  
SPARTA, WI**

*Parent Consent Form  
Sparta Area School District Nutrition Services*

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the Sparta Area School District Nutrition Services Department to share information regarding my child(ren) for the following purposes (check all that apply):

For consideration of post secondary scholarships based on financial need. Information will only be shared with the District's scholarship selection committee.

To determine if my child(ren) qualify as indigent student(s) in which case they may receive a reduction or waiver of applicable student fees. Indigent students are defined in District Policy, Article 547. Information may be shared with your child(ren)'s school principal, school secretary, and/or classroom teacher.

If permission is granted in any of the ways described above, the only information that will be shared is your child's/children's name, birthdate and Free or Reduced meal status.

I understand that this release will expire at the end of the current school year and is to be used only for the purposes I selected above. I also understand that I have the right to invalidate this release at any time by notifying the Sparta Area School District Nutrition Services Department in writing. I also understand that my child's/children's eligibility status for Free or Reduced meals will not change because of this release, my failure to allow release, or my failure to return this form. I understand that copies of this document are as valid as the original.

Information shared will be kept as confidential as possible and limited to those listed above.

Child's Name \_\_\_\_\_ SCHL \_\_\_\_\_ DOB \_\_\_\_\_

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Child's Name \_\_\_\_\_ SCHL \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ SCHL \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_