



2024-25 CONSENT TO SHARE ELIGIBILITY FORM

PH: 253-931-4972 | E: ChildNutrition@auburn.wednet.edu | A: [1302 4th Street SW Auburn WA 98001](https://www.auburn.wa.gov/1302-4th-Street-SW-Auburn-WA-98001)

If you qualify for Free or Reduced-Price meals based on household size or income or, if you receive Basic Food, Medicaid, Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservations (FDPIR), or have been Directly Certified as eligible for free meals you may be eligible for decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child’s eligibility for free or reduced-price meals or Summer-EBT benefits.

Return this form to ASD Child Nutrition Services or online within Skyward Family Access click on the Consent to Share Eligibility tile. Complete and submit the form (one per student). If you have questions about this, please contact ASD Child Nutrition at 253-931-4972.

Return form to: ASD 408 Child Nutrition Services
1302 4th Street SW, AUBURN, WA 98001

OTHER BENEFITS (Optional) – Completing this step allows ASD Child Nutrition Services to share meal eligibility of my students with the programs indicated for the 2024-25 school year.

You must Select the boxes for each program you would like to participate in.

Student’s Last Name	Student’s First Name	Date of Birth	School	ASB Card	Athletics/ Activities	Field Trips
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School Program	How Information will be used
ASB Cards	To provide the student a free ASB Card.
Athletics/Activities	To provide parents a seasonal family pass to allow 2 adults and 2 siblings free entrance to all home athletic events and activities, which can include athletic events, plays, and other activities. Also includes student entry to dances.
Field Trips	Any additional fees are waived for Field Trips.

By signing and dating below, I allow the ASD Child Nutrition Services department to share meal eligibility of my students with the programs indicated above for the 2024-25 school year.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian PRINTED Name: _____ Phone: _____

Auburn SD is an equal opportunity provider and employer.