

**2023-2024**  
**Hillsboro School District**  
**CONSENT TO SHARE FREE OR REDUCED-PRICE ELIGIBILITY INFORMATION**  
**WITH OTHER PROGRAMS**

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Dear Parent/Guardian:

The information submitted on the Confidential Application for Free or Reduced-Price Meals is used to determine your student(s) eligibility for Free or Reduced-Price meals. **The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs, we must have your permission to share your information.**

Completing this form will not change whether your student(s) get free or reduced meals, and it is NOT A REQUIREMENT.

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☐ **No! I DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of the programs listed below.

***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 HSD school officials to share information from my Free and Reduced-Price School Meals Application with the following HSD programs.

- HSD Educational/School-related program fees (examples: AP test fees, PSAT/SAT/ACT test fees, Senior inquiry class fees (Liberty), IB program fees (Hilhi), summer school)
- HSD Athletic Participation fees
- HSD Activity Participation fees
- Any other available school fee waivers/reductions

**By marking YES, I understand that I am releasing information (student's name, F/R status, and/or contact information) to the programs listed above. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made.**

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

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

Student Name	Birthdate MM/DD/YYYY	Student ID Number	School
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*Return this form to:*  
**3083 NE 49<sup>th</sup> PI #208; Hillsboro OR 97124**  
**Fax: 503-844-1466**

**For more information, contact Lizzy Petitt, 503-844-1462; [petitte@hsd.k12.or.us](mailto:petitte@hsd.k12.or.us)**

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