Lake Stevens School District
Food & Nutrition Services
12309 22nd ST NE , Lake Stevens, WA 98258
Office: 425-335-1561
Fax: 425-335-1549
Email: foodservices@lkstevens.wednet.edu

Dear Parent/Guardian:

If you would like to have your student(s) current school year free or reduced eligibility shared with school officials in order to receive additional reduced program fees in our district, please return this form directly to our Nutrition Office. You may return the form by mail, fax or e-mail. Until this form is received by our Food & Nutrition Services Office, your student may not have the option for a reduction of fees.

Student Name: _____ **DOB:** _____ **School:** _____
(First Name, Last Name – Please Print) (Date of Birth)

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(First Name, Last Name – Please Print) (Date of Birth)

Other Benefits – Please check the box in front of the programs that you wish to share your child's free or reduced price meal status with, in order to qualify for a reduction in fees:

☐ **YES! Please share my student(s) eligibility status for LSSD InTouch Reduced Program Fees (Chromebook Insurance, Athletic Participation, AP Testing, Summer School.)** InTouch is our district online fee payment system

By signing below, I allow the information contained on this application to be shared with the other program(s) I have indicated.

_____ _____

Parent/Guardian Signature* (*required for benefit) **Date**

☐ **No thanks**! Please **do not** share my student(s) eligibility status. If you have any questions, please contact the Nutrition Office at 425-335-1561.

Otros beneficios – Marque el casillero delante de los programas con los que desea compartir la categoría de comida gratuita o a precio reducido de su hijo para obtener una reducción del precio:

☐ **¡SÍ! Por favor, comparta el estado de elegibilidad de mi hijo (s) en el Distrito Escolar de Lake Stevens con el Servicio en Línea de Pago InTouch, Programa de Reducción de Costos (Seguros del Chromebook , Participación Atlética, Pruebas de AP, Escuela de Verano.)**

Al firmar a continuación, dejo que la información contenida en esta solicitud sea compartida con el otro programa (s) que he indicado.

_____ _____

Firma Padre/ tutor **Fecha**

☐ **No,gracias!** Por favor, **no** deseo compartir el estado de elegibilidad de mi estudiante (s).

Si tiene alguna pregunta, por favor, póngase en contacto con la Oficina de Nutrición al 425-335-1561. **En Español con la Sra.Laura Wellman al 425 335-1565.**