

# Woodridge Local School District

## WAIVER OF CONFIDENTIALITY

Dear Parent:

The school administration would like your permission to use the information contained on your application for the Free and Reduced-Price Meal program to determine possible eligibility for other programs and/or benefits for your child. The information on the application is confidential and cannot be used without your written consent.

In addition, the State Department of Education requires us to submit data on all students who receive special financial assistance, as this information is reported through the State's Educational Management Information System. THERE IS COMPLETE CONFIDENTIALITY IN THIS REPORTING BECAUSE WE SEND THEM NO NAMES OR IDENTIFICATION NUMBERS. NEITHER WILL THE DISTRICT INDICATE IF THE HOUSEHOLD IS ELIGIBLE FOR FOOD STAMPS, AFDC, OR OTHER FOOD DISTRIBUTION PROGRAMS.

Please sign and return this form with your application for free and reduced-price meals.

I give my permission for the school administration to use information from my free and reduced-price application to determine other possible benefits for my child and to report the numbers of disadvantaged to the State Department of Education.

I deny permission for the school administration to use information from my free and reduced-price application to determine other possible benefits for my child and to report the numbers of disadvantaged to the State Department of Education.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Name of Child