

**ALEXANDRIA CITY PUBLIC SCHOOLS**  
 CONSENT TO SHARE INFORMATION FOR BENEFITS FOR OTHER PROGRAMS  
 2021-2022

Student's School ID	Student Name (First, MI, Last)	School Name	Date of Birth
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

Please check (✓) the box or boxes that apply.

If I want my children to receive **ALL ELIGIBLE BENEFITS**, I will check (✓) the box in the left-hand column below. If I want my children's information shared with only specific programs, I will check (✓) only the box or boxes from the right-hand column that describe the programs. I understand that not all benefits and programs described below will be available to students at every school and at every grade level.

**ALL Eligible Benefits**

**OR**

**Specific Programs**

**Classroom Fees:**

Musical Instrument  
 Supplemental Class Material  
 Equipment Fees (e.g., calculators)

**Assistance to Students:**

Information on medical or dental assistance  
 Recreation / Soccer

**Test/Application Fees:**

ACT/SAT Waivers

**I DO NOT** want my children's eligibility status in the federal Free and Reduced Meal program shared with any programs. Declining to share your children's eligibility with other ACPS or non-ACPS programs will not affect their eligibility for free or reduced meals.

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

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

**PRINT** Name: \_\_\_\_\_

**RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL**