

**2020 - 2021 INFORMATION DISCLOSURE CONSENT FORM
FOR SHARING INFORMATION WITH THE PROGRAMS LISTED BELOW**

Parents or guardians, if you would like to see if you qualify for reduced rates for the programs listed below, please complete the form. The child's name and status will be used either in print, electronic communications or by other means. The information will be used to facilitate the child's enrollment in these programs or to receive goods such as a bus pass, band or orchestra instruments or reduced prices for the Kids' Inc. program, Summer classes, Testing or Advanced Placement classes.

We must have your permission to share your information with these programs.
Check YES OR NO for each program that applies for each child. Checking "Yes" for a program allows us to share your determined status for reduced rates with that program.

In order for your consent to be processed, please complete household size and income below:

HOUSEHOLD SIZE _____ HOUSEHOLD GROSS INCOME \$ _____

CHILD'S NAME	ID NUMBER	SCHOOL	KIDS INC.		BAND OR ORCHESTRA		SUMMER or ADVANCED CLASSES or TESTING FEES		BUS PASS		ANGEL FUND	
			YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
			___	___	___	___	___	___	___	___	___	___
			___	___	___	___	___	___	___	___	___	___
			___	___	___	___	___	___	___	___	___	___
			___	___	___	___	___	___	___	___	___	___
			___	___	___	___	___	___	___	___	___	___

This consent can only be signed by the parent or guardian of the applicant household.

SIGNATURE OF PARENT/GUARDIAN

DATE

PRINT NAME OF PARENT/GUARDIAN