Consent to share eligibility information

Dear families,

Does your student qualify for free or reduced-price meals or similar services based on income level? If so, they may be eligible for decreased/waived fees to participate in certain ASB (Associated Student Body) and other activities that take place at school. To allow the district to share your student’s information (name, student ID and school), please answer the question below and click the "I approve" button. Please complete and submit a form for each of your children attending Mukilteo School District. Or, you can print a hard copy, sign and return it to your child's school or send to:

Mukilteo School District
Attn. Julie Rucker
9401 Sharon Drive
Everett, WA 98204

Filling out this Consent to Share Eligibility Information form is optional. Whether or not you choose to submit the form, it will not affect your child’s eligibility for free or reduced-price meals, or milk. Individuals or programs that receive information about your student will only be shared with ASB. Student information will not be shared with any other entity or organization. If you consent to share your child’s status, only the employees responsible for administering the ASB or school program will have access to the information. No employees outside of the program or any students will be able to see your child’s status.

What student fees WILL be waived?

- ASB card
- Athletic events
- Performances
- ASB field trips
- Advanced Placement (AP) and PSAT test fees
- Competitions and conferences
- Uniforms (required items only)

What student fees will NOT be waived?

- Yearbooks and ads
- School spirit wear
- Photos
- Traffic safety education
- Concessions
- PE clothes
- Playoff and away games
- Parking
- Booster/PTA fundraisers
- Replacement supplies
- Curricular activities
- Chromebook protection plans
- Fines (option to volunteer to clear)
Student Name

Student ID#

Student Grade Level

Student Class

Do you authorize Mukilteo School District to provide your student's name, school ID number and school name to ASB programs or other school programs who may waive fees?
*

☐ Yes
☐ No

Parent/ Guardian Name

Parent/ Guardian Email

Parent/ Guardian Phone

*Information entered on this form will be visible to the post admins and ParentSquare admins*

Signature

Date