



Reynolds High School
1698 SW Cherry Park Road
Troutdale, OR 97060
503-667-3186 • FAX 503-669-0776

**Permission to release Confidential Meal Eligibility
Status to receive additional benefits or services for
your child(ren).
RHS Student(s)- Athletics**

Dear Parent or Guardian:

If your child is eligible for free or reduced priced school meals (FARMS), he or she qualify to receive reduced athletic fees for Reynolds High School. Nutrition Services **cannot share your information without your consent.** If you agree to let us share your FARMS information with Reynolds High School, please complete this form.

I consent to Nutrition Services sharing my student(s) confidential FARMS status to the RHS Athletic Office. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made.

Signature of Parent/Legal Guardian: _____

Printed Name _____ Date _____

Student Name (s) _____ **Grade** ____ **ID#** _____

Student Name (s) _____ **Grade** ____ **ID#** _____

Student Name (s) _____ **Grade** ____ **ID#** _____

This form must be filled out completely and be signed by the legal parent and/or guardian

Questions regarding meal benefits? Call Nutrition Services at 503-491-3413

A great place for learning.

www.reynolds.k12.or.us/schools/