

Summer Feeding for Students
2015 Consent Form

OFFICE USE ONLY

HH ID:

SCHOOL:

OTHER:

PLEASE COMPLETE ONE FORM FOR ALL MEMBERS OF YOUR HOUSEHOLD!

Yes, I would like to participate in the Summer Feeding for Students.

Please answer the questions below. In addition, if any of the printed information about your household is incorrect, please cross it out and write the correct information next to it.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian First/Last Name: _____

Date of birth (mm/dd/yyyy): _____ Last 4 digits of Social Security #: _____

(If you do not have a Social Security # check this box)

Mailing Address: _____
STREET ADDRESS CITY, STATE, ZIP

Check Best Phone Telephone Number Best Time to Call?
 Home: _____ Day only Evening only Either
 Cell: _____ Day only Evening only Either

Do we have permission to text program information to you? Yes No

Please list the following information for all the children in your household who are in PreK-12th grade.

FIRST NAME	LAST NAME	STUDENT ID#	SCHOOL	GRADE	HOMEROOM
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Please use another page if you have more than 6 children)

If you have an email address please list it here? _____@_____

If we need to contact you, what language do you prefer we use? English Spanish Other _____

Please sign this document if you would like your family to be part of the summer benefit.

SIGNATURE of Parent/Guardian

DATE

By signing this consent form, you are giving permission for the information above to be shared with The Delaware Division of Social Services (DSS). DSS will also receive the following items from student records for each child: age, grade, gender, school attended, race/ethnicity, English language learner (ELL) status and school meal benefits.

PLEASE RETURN IMMEDIATELY TO: Milford Annex, 13 SW Front Street, Suite 105, Milford, DE, 19963, on or before May 29, 2015