



Mrs. Brenda Davidson
Headmaster

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RELEASE OF INFORMATION FORM FOR FREE/REDUCED LUNCH PROGRAM

Date: _____

I, _____, authorize Aristoi Classical Academy to release my child(ren)'s
(Parent Name- Please Print)
Free/Reduced status to third party organizations for the purpose of verification.

Aristoi Classical Academy will not release any personal information other than if my child(ren) qualifies for Free or Reduced meals. The sole purpose of this process will be to allow outside vendors to offer my family discounted prices on before/after school programs.

I understand I can revoke this authorization at any time by written letter submitted to the Child Nutrition Director.

This authorization is valid for my children listed below:

(Parent Signature)