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(Optional)

American Indian
or Alaska Native

Asian

Black or African
American

Native
Hawaiian
or

Administrator's notes:

ADULT SIGNATURE

Yes., School Officials may give information from this form to Medicaid or State who may use the information to determine my children's eligibility for Health Insurance more information. This information may be shared with school administrators and I understand that I will be releasing information showing that I applied for free and reduced cost of confidentiality for this purpose only. I certify that I am the parent/guardian of the

(Optional)

Other Pacific Islander

Hispanic or
Latino

NOT Hispanic
or Latino

X

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