



**st.croixprep**

**Wavier of Confidentiality 2021-2022  
Required to Extend Your Child(ren)'s Benefits to Non-Food Service  
Programs at SCPA**

\*Optional: You do not have to complete this page to qualify for free or reduced school meals.

Dear Parent/Guardian:

If your child(ren) qualifies for free or reduced price meals, your student(s) may also be eligible for other benefits. In order to extend these additional benefits to your family, SCPA must obtain a release of information waiver from you. This waiver will allow the SCPA staff who manage school meal benefits to provide your eligibility status to the staff who manage the programs to which you wish your family's educational benefits be applied. Complete this form and return to the main office of St. Croix Preparatory Academy, or mail to 4260 Stagecoach Trail N., Stillwater, MN 55082. For questions, please call Marianne Thole at 651-395-5915.

**Please check the appropriate box below if you would like to waive confidentiality to receive information for any of the benefits listed below.** I understand that this may result in reduced or free fees for eligible athletic and school activities. (A list of applicable activities is available in the current SCPA Family Handbook.)

- ☐ **SCPA Athletics and Activities Wavier:** YES. SCPA officials may release my child(ren's) free and reduced priced meal eligibility status to the school Activities Director.
- ☐ **SCPA Fieldtrips and other Optional Classroom Fees:** YES. SCPA officials may release my child(ren's) free and reduced priced meal eligibility status to School Office Managers and Classroom Teacher.
- ☐ **SCPA Background Check Fees and Technology Fees:** YES. SCPA officials may release my child(ren's) free and reduced priced meal eligibility status to School Office Managers.
- ☐ **SCPA Used School Uniform Distribution:** YES. SCPA officials may release my child(ren's) free and reduced priced meal eligibility status to School Parent Group Liaison and Uniform Sale Coordinator.

**I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for the above marked purpose(s) only. This authorization is in effect for one year. I understand that I may revoke this release in writing at anytime.**

I certify that I am the parent/guardian of the child(ren) for whom application is being made.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed name of Parent/Guardian

Address: \_\_\_\_\_

Name of student(s): \_\_\_\_\_

\_\_\_\_\_  
Date signed: \_\_\_\_\_

\_\_\_\_\_  
Phone number: \_\_\_\_\_

**NOTE: YMCA EXTENDED DAY SCHOLARSHIPS AVAILABLE –  
CONTACT JON SPRY AT [jon.spry@ymca.mn.org](mailto:jon.spry@ymca.mn.org).**

**PLEASE SIGN FORM AND RETURN USING THE ENCLOSED PRE-STAMPED ENVELOPE**