

Policy No: 507.02 E3
Adopted: 05-11-2016
Revised:

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/guardian:

To save you time and effort, the information you gave on your Free and reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

Yes! I **DO** want school officials to share information from my Free and Reduced price School Meals Application with appropriate school officials for purposes of the student fee waiver program and any other program that would benefit student(s).

If you checked yes to the boxes above, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Date _____

Printed Name: _____

Address: _____

For more information, you may call the school at 863-2228.

Return this form to the office by August _____, 20__