

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 Family Application may be shared with other programs for which your child(ren) may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your child(ren) get free or reduced price meals.

- No! I **DO NOT** want information from my Free and Reduced Price School Meals Family Application shared with any of these programs.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **Pay to Play Waiver**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **Back Pack After School Snack Program**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **PSAT/ACT/AP Exam fee Waiver/ Reduction- ACT Prep Class**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **Class Fees**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **Laptop Insurance Waiver**

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

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Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Nutrition Services at 816-736-5373.**