

Dear Parent/Guardian:

With your permission, the information you submitted on your Free and Reduced Price School Meal Family Application may be shared with other programs for which your children may qualify. Check the Yes box and all programs you want your information shared with. We must have your permission to share your information. Completing this form will not change whether your child(ren) get free or reduced price meals.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Family Application for the following Liberty Public School District programs:

- Pay to Play Waiver
- Back Pack After School Snack Program
- PSAT/ACT/AP Exam Fee Waiver/Reduction
- ACT Prep courses
- NCAA Fee Waivers
- Class Fees
- Student Planners
- Student ID's
- Lions Club for Vision Services
- VSP (Vision Service Plan)
- Miles of Smiles
- Laptop Insurance Waiver (reduced fee)

If you checked yes to any or all of the boxes above, please complete the following. Your information will be shared upon request, only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

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

For more information, you may call Nutrition Services at 816-736-5375.