

**Instructions: If you are a family in need of financial assistance and you would like Gayman to provide additional resources to your family, please complete and select the items for which you would like assistance. Please return to the Gayman main office ASAP.**

## SHARING INFORMATION WITH PROGRAMS

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Dear Parent/Guardian:

For families in need of financial assistance, we are happy to support you by covering the full or partial cost of the programs/items below. For the following programs, we must have your permission to share your information.

Yes! I **DO** want school officials to share information with the following programs: *(Check all that you are interested in receiving support with.)*

- Yearbook
- Snacks
- Field Trips
- Holiday Boutique (student shopping)
- Holiday Gift/Gift Card Drive
- Holiday Food Drive
- Winter Coat/Hat/Gloves Supplies
- Book Fair
- Field Day T-Shirt
- Home & School Events

If you checked "Yes" to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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**For more information, please call Liz Meier (School Counselor) at 267.893.4350 or email at [emeier@cbsd.org](mailto:emeier@cbsd.org).**

**Return this form to the Gayman main office ASAP.**

*This institution is an equal opportunity employer and provider.*

*ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.*

*ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.*

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