Instructions: If you are applying for Free and Reduced Lunch and would like your child's school to provide additional resources to your family, please complete and select which items you would like assistance with. Please return to your school's guidance counselor.

## 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.

□Yearbook, 6 <sup>th</sup> grade			
☐ Back to School Supplies			
□Snacks			
☐ Field Trips			
$\square$ Holiday Boutiques (stud	ent shopping)		
☐ Holiday Gift Drive			
$\square$ Winter Coat/Hat/Gloves	Supplies		
$\square$ Technology Devices			
☐ Thanksgiving Baskets			
☐ Fall and Spring Book Fai	r		
☐ Field Day T-Shirts			
☐Spring Fair			
1 0			
□Home & School Events If you checked "Yes" to any or all of child(ren) listed below. Your inform			tion is shared for the
☐ Home & School Events If you checked "Yes" to any or all of	nation will be shared only with th	e programs you checked.	
☐ Home & School Events If you checked "Yes" to any or all of child(ren) listed below. Your inform	nation will be shared only with th	e programs you checked.	
☐ Home & School Events If you checked "Yes" to any or all of child(ren) listed below. Your inform thild's Name:	nation will be shared only with thSchool: School:	e programs you checked.	
☐ Home & School Events If you checked "Yes" to any or all of child(ren) listed below. Your inform Child's Name: Child's Name:	nation will be shared only with thSchool: School:School:	e programs you checked.	
☐ Home & School Events If you checked "Yes" to any or all of child(ren) listed below. Your inform Child's Name: Child's Name: Child's Name:	nation will be shared only with thSchool: School: School: School:	e programs you checked.	
☐ Home & School Events  If you checked "Yes" to any or all of child(ren) listed below. Your inform thild's Name:  Child's Name:  Child's Name:  Child's Name:	nation will be shared only with th School: School: School: School:	e programs you checked. Date:	

Return this form to: [address] by [date].

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.

Revised 09/01/2021

Instructions: If you are applying for Free and Reduced Lunch and would like your child's school to provide additional resources to your family, please complete and select which items you would like assistance with. Please return to your school's guidance counselor.