

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.

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

- School Meals
- School Supplies/Fees
- Field Trips
- AP Testing
- Fee Waivers for College Admission Testing
- College Application Fee Waivers
- Dance Tickets
- Graduation Cap and Gown
- Need-Based Scholarship Program Opportunities

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: _____

For more information, you may call **[name]** at **[phone]** or email **[email address]**.

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.

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