

CENTRAL BUCKS SCHOOL DISTRICT

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 my child's school office for any activity or program such as but not limited to:

- Central Bucks School District's 1:1 Initiative Laptop Program
- School Dances
- Test Preparation Fees
- Class trips
- Any other school program or activity

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 **Renee Ziccardi** at **267-893-2076** or email at **RZiccardi@CBSD.org**.

Return this form to: **Central Bucks School District**
Attn: Renee Ziccardi
20 Welden Drive
Fax: 267-893-5800
Email: rziccardi@cbsd.org

