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.**

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

❑ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application for **School Fee Waiver.**

❑ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **District of Residence**.

❑ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **District of Service**.

If you checked yes to any or all of the boxes above, fill out the form 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 **Kiah** at **740-915-7323.**.
Return this form to: Rewired 616 Hebron Rd, Heath, OH 43056

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