

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.

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- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Principals and School Administrators**.
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Guidance Counselors for SAT and Testing Fee Waivers**.
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Department Heads for Scholarships**.

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 **Jennifer Wilinsky, Food Service Director** at **610-944-8111 ext 1600** or email at **Jwilinsky@fleetwoodasd.org**.

Return this form to: **Fleetwood Food Service Department: 801 N. Richmond St. Fleetwood, PA 19522** by **October 30, 2020**.