

# 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 used to provide financial assistance for additional school programs for which your children may qualify. For the following programs, we must have your permission to use 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 use information from my Free and Reduced Price School Meals Application for a 30-minute private instrument and/or voice lesson.

Yes! I **DO** want school officials to use information from my Free and Reduced Price School Meals Application for **the Technology Department for use of a school-owned device.**

Yes! I **DO** want school officials to use information from my Free and Reduced Price School Meals Application for **the High School & R X Q V Department for transcripts and other costs.**

Yes! I **DO** want school officials to use information from my Free and Reduced Price School Meals Application for **the Elementary Before School program.**

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 used 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: \_\_\_\_\_

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