

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 Family Application may be shared with other programs for which your child(ren) may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your child(ren) get free or reduced price meals.

- No! I **DO NOT** want information from my Free and Reduced Price School Meals Family Application shared with any of these programs.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **Bear Necessities Backpack Program**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **Bears Den After School Program**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **Ava High School ACT fee waiver**.

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: _____

Please return this form to: one of your student's building offices.

(Information follows on the reverse side.)