

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

Date:

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 **Registration**.

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

 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Extra Curricular**.

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 **Lisa Bocchini** at **920-550-5893** or e-mail at **lbocchini@sheboyganfalls.k12.wi.us**.

This form must be returned to Lisa Bocchini, 220 Amherst Avenue, Sheboygan Falls, WI 53085,

The completed form must be returned no later than _____ . (10 days from the date you are given the form)

Thank you

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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