



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 or staff members.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Your student's Principal**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Guidance Counselor/Family Service Coordinator for the purpose of various Fee Waivers, Backpack Programs, or other Family Assistance Programs.**

If you checked yes to any of the boxes above, fill out the rest of this form. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

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Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may contact **Theresa Osborne** at theresa.osborne@moorevilleschools.org or 317-831-9200 ext. 2049.

Return this form to: Your child's school office.