

## SHARING INFORMATION WITH OTHER PROGRAMS

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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 **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, AP and Scholarship Fee Waivers**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Athletic and IT Departments for Fee Waivers**.

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: \_\_\_\_\_

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For more information, you may call **Jennifer Wilinsky** at **610-944-8111 ext. 1600** or email **[JWilinsky@fleetwoodasd.org](mailto:JWilinsky@fleetwoodasd.org)**.

Return this form to: **801 N. Richmond St. Fleetwood, PA 19522** by **October 29, 2021**.

This institution is an equal opportunity employer and provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.