



## SHARING INFORMATION WITH OTHER PROGRAMS

### \*\* CONFIDENTIAL INFORMATION \*\*

Dear Parent/Guardian,

The free or reduced meal status of your child(ren) may qualify you for reduced or waived fees for other District programs and services. To be considered for this assistance, we need your permission to share your Free and Reduced Price School Meals Application information.

Please check the box beside the programs and services listed below in which you give permission to share your meal status information.

*\*\*\*Note: Completing and signing this form will not change whether or not your child(ren) receives free or reduced price meals-- it only gives the School Principal permission to use the information for other District programs and services.*

- Yes, you may share my child(ren)'s free/reduced lunch eligibility status with **Activity/Clubs** (i.e., user fees).
- Yes, you may share my child(ren)'s free/reduced lunch eligibility status with **Band, Orchestra, and/or Choir** (i.e., instrument rentals).
- Yes, you may share my child(ren)'s free/reduced lunch eligibility status with **Athletics** (i.e., user fees).
- Yes, you may share my child(ren)'s free/reduced lunch eligibility status with **Advanced Placement and/or International Baccalaureate Program** (i.e., test fees).

If you checked yes to any or all of the boxes, fill out the section below. The free/reduced lunch information is confidential and will only be used for the specific program(s) you selected.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, please contact April Susa at 715-261-0806 or email [asusa@wausauschools.org](mailto:asusa@wausauschools.org).

Please return this form to: **Wausau School District  
School Nutrition Services  
650 South 7th Avenue  
Wausau WI 54401**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

- (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](mailto:program.intake@usda.gov)

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**For Office Use Only**  
**(Do not write below this line)**

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Return original form to April Susa in School Nutrition Services  
at the Wausau School District Maintenance and Operations Building for confirmation of status.

- Yes - Does Qualify
- No - Does Not Qualify