

Sharing Information with Other Programs

Dear Parent/Guardian:

Based in the information you gave on your Application for Free and Reduced Priced School Meals, your child may qualify for other programs. 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.

Yes! I DO want school officials to share my information form my Application for Free and Reduced Price School Meals with your child's school.

Yes! I DO want school officials to share my information form my Application for Free and Reduced Price School Meals with Dexter Community Education.

Yes! I DO want school officials to share my information form my Application for Free and Reduced Price School Meals with the athletic department.

If you check "YES" to any or all of the boxes above, please fill out form below. Your information will be shared only with the programs you have 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 Jennifer Mattison at 734-424-4100 ext. 1501

Return this form to: Dexter Food & Nutrition 2704 Baker Rd. Dexter, MI 48130

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