

SHARING INFORMATION WITH OTHER PROGRAMS (R152 Attachment A)

Dear Parent/Guardian:

Your child(ren)'s eligibility for Free and Reduced Price School Meals ("F/R Price School Meals") may entitle him/her to discounts and/or financial support in connection with other programs and services. In order to be considered for such opportunities, **we must have your permission to share your child(ren)'s eligibility for F/R Price School Meals with other programs and services, as described below.** Sending in this form will not impact whether your child(ren) gets free or reduced price meals.

**I DO** want school officials to share my child(ren)'s eligibility for F/R Price School Meals with the individuals noted below to determine if my child(ren) is eligible to receive financial support for other school activities and services. **PLEASE CHECK THE PROGRAMS/SERVICES FOR WHICH YOU WOULD WANT TO BE CONSIDERED**

- Fee-based, optional academic testing (i.e. Standard Achievement Test) (SAT Officials)
- Reduced rate for Summer School or textbooks (School Administrators)
- Reduced rate for insurance cost for Laptop Insurance (High School Administrator)
- Reduced rate for graduation fees, yearbook fees, social events (School Administrator/Counselor)
- Reduced rate for sports or activities (School Administrator/Athletic Director)
- Reduced rate for other services (i.e. school supplies, field/class trips) (School Administrator/Counselor)

**I DO NOT** want my child(ren)'s eligibility for F/R Price School Meals shared with any of the above programs or services.

If you checked any or all of the boxes above indicating your permission to share your child(ren)s' eligibility information for F/R Price School Meals, please fill out the below section of this form. Your information will be shared only with the programs/services 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 **Karen Castaneda** at **610-645-1990** or e-mail at **Castank@lmsd.org**. Return this form to: **Lower Merion Nutritional Services Office, 301 E. Montgomery Avenue, Ardmore, PA 19003.**