



An Important Message from the National School Lunch Program
Office for Safety, Health and Nutrition

DISCLOSURE FORM FOR FAMILIES PARTICIPATING
IN THE FREE AND REDUCED LUNCH PROGRAM

Dear Bedford Schools' Parents and Guardians:

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. However, we must have your permission to share your information. Completing this form will not change whether your children receive 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 unless it is required by law.



If you checked "No", stop here. You do not have to complete this form. Your information will not be shared and your school fees will not be waived.

Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals application with the Bedford City School District to waive school fees (families on Free Lunch Program only).

Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals application with ACT, SAT, and College Board Advanced Placement programs to waive test and college exam fees.

If you checked "Yes" to any or all of the boxes above, fill out the information below. Your information will be shared only with the programs you checked.

Child's Name: School: Grade:

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Parent/Guardian Signature: Date:

Printed Name: Phone No.:

Address:

Return this form to your child's building principal as soon as possible.

Note: Failure to return this form may delay any exemption from school fees and participation in other education programs specific to the Bedford City School District.

This institution is an equal opportunity provider and employer.

Disclosure Form OSHN 4/04

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