



Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be used to provide financial assistance for additional school programs for which your children may qualify. For the following programs, we must have your permission to use 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 use information from my Free and Reduced Price School Meals Application for **Middle School and High School Athletic programs.**

Yes! I DO want school officials to use information from my Free and Reduced Price School Meals Application for **the High School Counseling Department for transcripts and other costs.**

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 used 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: _____

For more information, you may call Michelle Rapoza at 508-636-1140 ext. 4020 or e-mail her at mrapoza@westportschools.org. Return this form as soon as possible to Westport Community Schools, ATTN: Michelle Rapoza, 17 Main Rd, Westport, MA 02790.

*MA Free and Reduced Price School Meal Application School Year 2024-2025