

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 shared with other programs for which your child may qualify. **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 priced meals.**

No! **I DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs. Normandy Photography

Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Application with Normandy Photography.

Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meal Application with

Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Application with

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

Child's Name: _____ School: HCRHS

Child's Name _____ School: HCRHS

Child's Name _____ School: HCRHS

Child's Name _____ School: HCRHS

Signature of Parent/Guardian: _____ Date _____

Printed Name: _____

Address: _____

For more information, you may call HCRHS at (908)284-7261

Return this form to your child's school: Hunterdon Central Regional High School
84 Route 31, Box B1
Flemington, NJ 08822