**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 children 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 price meals.**

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

**If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.**

- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Sports For All Kids**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Back Pack Food for Weekends**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **PSAT Fee Waivers**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **SAT Fee Waivers**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **AP Fee Waivers**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **ACT Fee Waivers**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Dual Credit**

**If you checked yes to any of the boxes above, fill out the rest of this form. Your information will be shared 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 **Stephanie Stuemke, Food Service Director** at **317-745-0366 or by email at sstuemke@danville.k12.in.us**

**Return this form to: Food Service Department, Danville Community Middle School, 1425 W Lincoln St. Danville, IN 46122 or send with your student to return to their front office which will be inter-officed to the Food Service Department.**

**This institution is an equal opportunity provider.**