SHARING INFORMATION WITH OTHER PROGRAMS 2025-2026

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.

]		nformation from my Free and Reduced Price School ea School District personnel regarding my	
]	Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with the Appleton Area School District personnel regarding my child(ren's) Elective Course Material Fees .		
]	Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with the Appleton Area School District personnel regarding my child(ren's) Co-Curricular / Participation Fees .		
]	Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with the Appleton Area School District personnel regarding my child(ren's) Instrumental Rental Fees .		
No! I DO NOT want school official to share information from my Free and Reduced Price School Meals Application.			
informa		ve, fill out the form below to ensure that your elow. Your information will be shared only with the	
Child's N	Name:	School:	
Child's N	Name:	School:	
Child's N	Name:	School:	
Child's N	Name:	School:	
Signatui	re of Parent/Guardian:	Date:	
Printed	Name:		
Address	s:		

For more information, you may call the Food Service Office at 920-832-5314 or email foodservice@aasd.k12.wi.us.

Return this form along with completed application to:

*Any Appleton Area School District school office

*Email a PDF to: foodservice@aasd.k12.wi.us

*Mail to: Appleton Area School District

ATTN: Food Service Office

PO Box 2019

Appleton, WI 54912-2019

*Fax to: ATTN Food Service, 920-832-1737

*Drop application off at the Appleton Area School District Food Service office at: 531 N. Morrison St., Appleton, WI 54911

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax:

(833) 256-1665 or (202) 690-7442; or

Email: program.intake@usda.gov

This institution is an equal opportunity provider.