

Hopkinton Public Schools SY 2025-26

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.

- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **the Transportation Department**
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **the Athletic Department**
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **your student's Guidance Office (reduced testing/field trip fees)**

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 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 e-mail at **Michelle Condakes MS, RD, LDN, SNS at mcondakes@hopkinton.k12.ma.us**

Return this form to:

Hopkinton Public Schools

Attn: Michelle Condakes, Food Service Department

88A Hayden Rowe St.

Hopkinton, MA 01748