



Ashland Public Schools

Sharing Information with Other Programs

Dear Parent/Guardian,

If your child(ren) are eligible for free school meals through **Direct Certification**, they may also qualify for assistance in other school programs. Please review the options below and check any that apply.

(Completing this form will not affect your child's eligibility for free or reduced-price meals.)

Please check all that apply:

- ☐ YES! Share this information with the Administration Office **if I am applying for Preschool tuition assistance.**
- ☐ YES! Share this information with the Administration Office **if I am applying for Transportation assistance.**
- ☐ YES! Share this information with the Administration Office **if I am applying for Athletic Department assistance.**

Return this form to:

Ashland Public Schools – Nutrition Services
87 West Union Street
Ashland, MA 01721

Children Covered by This Form

(Please list all children in the household)



Child's Name

School

_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Information

- **Signature:** _____
- **Printed Name:** _____
- **Address:** _____
- **Phone Number:** _____
- **Date:** _____