

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.

Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application for **School Fee Waiver**.

Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with my child's school counselor(s) for the purpose of identifying other programs that may be of assistance to my child.

Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with the Bear Cub before/after school program.

If you checked yes to any or all of the boxes above, fill out the form 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 call Kelly Gnap at 330-335-1436 or
kgnap@wadsworthschools.org

Return this form to: 625 Broad Street by 10/3/25.