

2026-27 Sharing Information with Other Programs

Dear Parent/Guardian:

Based on the information you gave on your Child Nutrition and Education Benefits Application, your child may qualify for other programs. 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 Child Nutrition and Education Benefits Application with:

☐ Pay to Participate (Athletics and Clubs) Sport applying for _____.

If you check "Yes" in the box above, please fill out the form below. Your information will be shared only with the programs you indicated.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Parent/
Guardian Printed Name: _____ Phone: _____

Address: _____ Email: _____

Signature of Parent/Guardian: _____ Date: _____

For more information, you may call **Ms. Laurie Adams** at **734.994.7075** or email adamsl@aaps.k12.mi.us

Return this form to: **Skyline Athletics, 2552 N. Maple Rd., Ann Arbor MI 48103**

USDA Nondiscrimination Statement

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: [USDA Program Discrimination Complaint Form](#), 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:

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| 1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or | 2. fax: (833) 256-1665 or (202) 690-7442; or |
| | 3. email: program.intake@usda.gov |

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>