

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.

- ☐ 1.Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **academic testing i.e. Standard Achievement Test (SAT)**
- ☐ 2.Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Child's Place**
- ☐ 3.Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **local health organizations**
- ☐ 4.Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **School District personnel that may determine eligibility for receiving financial support for district activities and services i.e. school supplies, class trips, holiday meals.**
- ☐ 5.Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **School District personnel that may determine eligibility for summer job training programs other than those provided by the Perkins Vocational and technical act of 1990**
- ☐ 6.Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **School District personnel for local education services such as textbooks at free or reduced price**
- ☐ **No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with any of the above programs**
- ☐ **No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.**

If you checked any or all 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 call **Robert Leonard** at **610-240-1956** or email **leonardr@tesd.net**. Return this form to: **Tredyffrin/ Easttown School District, Food and Nutrition Services. 940 West valley Road, Suite 1700. Wayne PA 19087**

This institution is an equal opportunity employer and provider. ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.