

# NATIONAL SCHOOL LUNCH PROGRAM 2026-2027

## SHARING INFORMATION WITH OTHER PROGRAMS

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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.**

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☐ No! I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of these programs.

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☐ 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 for **Pay to Participate**.

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

☐ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application for the **Washington DC Trip**.

**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: \_\_\_\_\_

**Return this form to:**  
Medina City Schools  
Food Service and Child Nutrition Department  
739 Weymouth Road  
Medina, OH 44256

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