



Central School District
230 June Road
North Salem, NY 10560

2026-2027
SHARING INFORMATION WITH OTHER PROGRAMS CONSENT FORM

Dear Parent/Guardian,

If your household is found eligible for additional school, state, or federal funding programs after you complete the Household Income Eligibility Form, you must give written consent to allow school officials to share your name, address, and a notice that your household qualifies with representatives of certain programs in order to receive these benefits.

This form must be returned to:

**Darleen Sherr
North Salem CSD
230 June Road
North Salem, NY 10560.**

☐ **No, I do NOT** want information from my Household Income Eligibility Form shared with any other programs.

☐ **Yes, I DO** want information from my Household Income Eligibility Form shared with the **North Salem CSD Staff** for Field Trips that the PTO will subsidize. **Your name and information will not be shared with members of the PTO.**

☐ **Yes, I DO** want information from my Household Income Eligibility Form shared with **North Salem High School Guidance Office** for exam fee waiver or reductions.

If you checked yes to any or all of the boxes above, complete the information below & sign the form.

Your information will be shared only with the persons and applicable programs checked.

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Signature of Parent/Guardian: _____

Printed Name: _____

Address: _____

Date: _____

For more information, you may call Darleen Sherr, District Treasurer at 914-669-5414 xt 1014

Note: Not sending in this form will prohibit us from sharing your information with anyone and your child will not be eligible for additional benefits.