Form 121
Revised 08/2016

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 priced 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 shared with the **Medicaid program**.

☐ Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application shared with the **Summer EBT Program**.

☐Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application shared with the **guidance office for PSAT, SAT and ACT fee waivers**.

☐Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application shared with the **athletic office for athletic activity fees**.

☐Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application shared with the **guidance office for reduced graduation fees**.

☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application shared with the **PE department for a reduced rate on a Physical Education uniform**.

☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application shared with the **Student Activities department for a reduced rate on a CTSO or Club registration fee**.

If you checked yes to any or all of these boxes above, fill out the form below. Your information will be shared only with the programs you have designated with your check.

Student Name: _____ School: _____*GCIT*

Signature of Parent/Guardian: _____

Printed Name: _____

Address: _____

For more information, call Bruce Demerice at 856-468-1445 ext.2135 / Return this form to the 400 Wing Cafeteria Attn: Bruce Demerice