



Hopkinton Public Schools SY 2026-27

Sharing Information with Other Programs Form

Dear Parent/Guardian:

To save you time and effort, information provided on your Free and Reduced-Price School Meals Application may be used to determine eligibility for other programs and services. For the programs listed below, we need your permission to share this information.

Please note: Your decision to provide or withhold permission will not affect your student's eligibility for free or reduced-price school meals.

Please check **Yes** for each program for which you give permission:

- ☐ **Yes! I DO** give permission for school officials to share information from my Free and Reduced-Price School Meals Application with the **Transportation Department**.
- ☐ **Yes! I DO** give permission for school officials to share information from my Free and Reduced-Price School Meals Application with the **Athletic Department**.
- ☐ **Yes! I DO** give permission for school officials to share information from my Free and Reduced-Price School Meals Application with **my student's Guidance Office** for purposes such as reduced testing fees, field trip fees, and other eligible programs or services.

If you check Yes for any or all of the programs above, please complete the form below to authorize the sharing of your information for the student(s) listed.

Your information will be shared only with the program(s) for which you have provided permission.

Thank you for your cooperation.

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 e-mail **Michelle Condakes MS, RD, LDN, SNS** at mcondakes@hopkinton.k12.ma.us

Return this form to:

Hopkinton Public Schools

Attn: Michelle Condakes, School Nutrition Department

88A Hayden Rowe St.

Hopkinton, MA 01748