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.**

❑ 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 with my child's school for the purpose of **REDUCING OR WAIVING SCHOOL FEES.**

❑ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **VERMILION SALVATION ARMY** as requested for specific school-related benefits (supplies, clothing, food, etc.).

If you checked yes to any or all 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: _____

For more information, you may call **Marianne Prete** at **(440)204-1723** or **email at: mprete@vermilionschools.org**
Return this form to: Vermilion Local Schools, 1250 Sanford St., Vermilion, OH 44089

This institution is an equal opportunity provider, employer and lender.

Do not complete this section. Intended for school use only

This form is to Certify that the Children listed above are Categorically Eligible as:

☐ Free ☐ Reduced ☐ Denied Reason Denied: _____

Determining/Approval Official's Signature _____ Date: _____