

## SHARING INFORMATION WITH OTHER PROGRAMS

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Dear Parent/Guardian:

Date:

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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- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **the school business office or their designee to have fees for registration, fees for courses required for graduation and extracurricular participation fees waived.**
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **building and district officials for academic related data management.**

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed 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: \_\_\_\_\_

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For more information, or to self-disclose this information you may call **Meara McDonald** at **920-623-5950 ext. 3165** or e-mail at **mmcdonald@columbus.k12.wi.us**

Return this form immediately to:

Columbus School District  
Attn: Meara McDonald  
200 W. School Street  
Columbus, WI 53925

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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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