

SHARING INFORMATION WITH OTHER PROGRAMS

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.

- 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 waived, Extracurricular participation fees and elective course fees may be waived .**

- NO! I **DO NOT** 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 waived, Extracurricular participation fees and elective course fees may be waived .**

If you checked yes to the 1st box 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: _____

For more information, or to self-disclose this information you may call **Stacey Post** at **920-623-5950 ext. 3152** or email at **spost@columbus.k12.wi.us**.

Return this form immediately to:

Columbus School District
Attn: Stacey Post
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.

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