

## 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 **INSTRUCTIONAL FEES**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **ATHLETIC PROGRAM PARTICIPATION FEE**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **MUSIC PROGRAM PARTICIPATION FEE**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **NON-ELECTED CLUB PARTICIPATION FEE**.

**If you checked yes to any or all of the 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: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call **Amie Payne** at **330.896.7733**.

**Return this form as soon as possible to:**

**Amie Payne  
Green Local Schools  
PO Box 218  
Green, OH 44232**

This institution is an equal opportunity provider.