

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.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Middle School and High School Athletic programs.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **School field trips held during the school day.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **any fee based clubs or activities and Middle and High School Student Activities.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **the Performing Arts Department for a 30-minute private instrument and/or voice lesson.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **the Technology Department for use of a school-owned device.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **the Art Department for visual art classes.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **the High School Guidance Department for transcripts and other costs.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the **elementary Before School program.**

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: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Tricia Simeone at 781-446-6210 ex. 5612** or psimeone@wellesley.ma.gov.

Return this form to: **40 Kingsbury Street, Wellesley, MA 02481.**