
SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you provided on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. We must have your permission to share your information. Sending this form will not change whether your children receive 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 any program or activity that has a reduction in fees due to my eligibility.
- No!** I DO not want school officials to share information from my Free and Reduced Price School Meals Application with any 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: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: ____

Printed Name: _____

Address: _____

For more information, you may call Arlington Food Services at **781-316-3643** or e-mail at schoollunch@arlington.k12.ma.us

Return this form to:
Arlington Food Service Department,
Arlington Public Schools,
869 Massachusetts Avenue
Arlington, MA 02476