

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. **We must have your permission to share your information with the following programs. 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 **School Counselors for Holiday Baskets, Summer Camp Program assistance, etc.** All information is kept confidential.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Laura Perras, School Nurse for family related needs should they arise.** All information is kept confidential.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with _____.
All information is kept confidential.

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: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Della Domingue** at **603 643 6655x2272**
Return this form to: Della Domingue, Bernice Ray School, 26 Reservoir Rd, Hanover NH 03755