

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 ROTARY CLUB OF CANFIELD.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with CANFIELD COMMUNITY CARE NET .

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application GUIDANCE DEPT .

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 **Terri Hutchison** at **330-533-5507.**

Return this form to: 100 Cardinal Drive

Canfield, Ohio 44406

Please turn in ASAP or with your New Application

This institution is an equal opportunity provider.