

## 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 local education programs and other local programs that provide benefits such as **reduced fees for assessments (e.g. AP, SAT), reduced technology fees, reduced fees for graduation costs (e.g. cap and gown), reduced fees for behind the wheel driver education, and reduced or free school supplies.** Status information would be shared with school counselors and program administrator at each school.
- ☐ Yes, I Do want school officials to share information from my Free and Reduced Price School Meals Application with local education programs and community programs that offer **scholarships and reduced fees for dual enrollment courses and post-secondary opportunities.** Status information would be shared with school counseling office.
- ☐ Yes, I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with local school programs and school counselor office, for programs such as **holiday baskets, holiday gifts and food programs.** Status information would be shared with school counseling office.
- ☐ Yes, I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the local **Polar Packs Program.** This program offers a weekend backpack food program that provides food to children and families administered by school and community members. Status information would be shared with school counselors and program administrator at each school.

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 **Scott Shedlock, Food Service Director** at **717-432-8691 Ext.1111** or email [sshedlock@northernYork.org](mailto:sshedlock@northernYork.org)

Return this form to: **Scott Shedlock, Food Service Director, 650 S. Baltimore St., Dillsburg, Pa 17019**

This institution is an equal opportunity employer and provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.

Free and Reduced-Price School Meals Application - Sharing Information with Other Programs

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