

## 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.

**If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[Sports for All Kids]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[Back Pack Food for Weekends]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[Boy Scouts of America]**.

**If you checked yes to any of the boxes above, fill out the rest of this form. 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 Stephanie Stuemke at **317-745-0366** or email at **[sstuemke@danville.k12.in.us](mailto:ssuemke@danville.k12.in.us)**

Return this form to **Danville Middle School, 1425 West Lincoln St. Danville, IN 46122** with your application