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 **Athletics Department.**
* Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Transportation Department (school bus)**
* Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **fee-based clubs/activities advisors**
* Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **High School Guidance Counselor (College Board (PSAT/SAT), ACT, and college application fee waiver programs)**
* Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **High School IB Coordinator (IB data and fee waivers, calculator/technology fees)**

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 **Donna Dickinson** at **413-582-7040 or e-mail at Lunch@pvcics.org**.

Return this form to: **PVCICS Lunch Department, 317 Russell St., Hadley, MA 01035** by **[date]**.