

## SHARING INFORMATION WITH OTHER PROGRAMS 21-22 SY

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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.

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- ANGEL TREE** -- Yes! I **DO** want school officials to share my child's name & status from my Free/ Reduced Price School Meals Application with the Angel Tree program. **If you qualify, this program will give you assistance with clothing and gifts at Christmas time.**
- HELPING HANDS** -- Yes! I **DO** want school officials to share my child's name & status from my Free/Reduced Price School Meals Application. **If you qualify, you will receive once monthly, a food box for every child in your family.**
- FEDERAL AND STATE TESTING** -- Yes! I **DO** want school officials to share my child's name & status from my Free/Reduced Price School Meals Application. **If you qualify, you will receive a Free/Reduced price on the fees associated with the SAT/ACT tests, etc.**
- I PAY TO PARTICIPATE** -- Yes! I **DO** want school officials to share my child's name & status from my Free/ Reduced Price School Meals Application with the Pay to Participate program. **If you qualify, this program will give you a Free/Reduced rate when participating in sports.**
- VO-TECH SCHOOLS** -- Yes! I **DO** want school officials to share my child's name & status from my Free/Reduce Price School Meals Application. **If you qualify, you will receive Free/Reduced prices pertaining to programs.**
- No! I **DO NOT** want school officials to share information from my Free/Reduced Price School Meals Application.

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: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call **Sally Cowden** at **724-796-1551 Ext. 2391** or email **scowden@fortcherry.org**.

Return this form to: Fort Cherry School District, 110 Fort Cherry Road, McDonald, PA 15057 as soon as possible.

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.