

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 school officials to share information from my Free and Reduced Price School Meals Application with **the Backpack Weekend food Program.**
- NO! I DO NOT** want school officials to share information from my Free and Reduced Price School Meals Application with **the Pay to Play Sports Program.**
- NO! I DO NOT** want school officials to share information from my Free and Reduced Price School Meals Application with **the Grace Community Church Outreach Program.**
- NO! I DO NOT** want school officials to share information from my Free and Reduced Price School Meals Application with **the Annual Device Insurance Fee Program.**

If you checked "NO" and opted out, please fill out the information below to ensure that your eligibility is NOT shared for your child(ren).

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 **Faye Nelson** at **724-452-6040 x 1655** or email **nelsonfd@svsd.net**.

Return this form to: **Faye Nelson** with your 2022-2023 meal application.

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.