

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

Date: August 1, 2018

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 program, 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 **Benton School - Waiver of School Fee.**

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 program 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: _____

Return this form with the lunch application.

For more information, you may call **Todd Bastian** at **(608)759-4002 ext. 310** or e-mail at tbastian@benton.k12.wi.us.

This institution is an equal opportunity provider.