

Lana Zimmerman

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## 2023-24

## 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.

Yes! I <b>DO</b> want school officials to share Application with <b>ASPIRE</b> .	information from my Free and Reduced price School Meals
Yes! I <b>DO</b> want school officials to share Application with Guidance and Pupil Se <b>WAIVER of AP TESTING FEES.</b>	information from my Free and Reduced Price School Meals ervices for possible SCHOLARSHIP ELIGIBLITY and
	s above, please complete the rest of this form to ensure that on will be shared only with the programs you checked.
Child's Name:	School:
Signature of Parent/Guardian:	
Date:	
Printed Name:	
Address:	
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For more information, you may contact Lana Zimmerman at 414-768-5881 or <a href="mailto:l.zimmerman@ocfsd.org">l.zimmerman@ocfsd.org</a>
Return this form to: District Office, 7630 S. 10<sup>th</sup> Street, Oak Creek, WI, 53154