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**2022-23**

**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.

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- Yes! I **DO** want school officials to share information from my Free and Reduced price School Meals Application with **ASPIRE**.
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Building Administrators for purpose of **REDUCING/WAIVING SCHOOL FEES**.
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Guidance and Pupil Services for possible **SCHOLARSHIP ELIGIBILITY and WAIVER of AP TESTING FEES**.

If you checked yes to any or all of the boxes above, please complete the rest of this form to ensure that your information is shared. 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 Lana Zimmerman at 414-768-5881 or email at [l.zimmerman@ocfsd.org](mailto:l.zimmerman@ocfsd.org)

**Return this form to: District Office, 7630 S. 10<sup>th</sup> Street, Oak Creek, WI, 53154**