

Lana Zimmerman
Business Services Specialist
l.zimmerman@ocfsd.org
7630 South 10th Street
Oak Creek, Wisconsin 53154
(414) 768-5881

2025-26

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 Guidance and Pupil Services for possible **SCHOLARSHIP ELIGIBILITY**.

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 contact Lana Zimmerman at 414-768-5881 or l.zimmerman@ocfsd.org

Return this form to: District Office, 7630 S. 10th Street, Oak Creek, WI, 53154