

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 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 for Instructional Fees for the following student(s):

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

Please call the Food Service Department at (330) 636-4380 if you have any questions.

**Return this form to: Medina City Schools
Food Service Department
140 W. Washington Street
Medina, OH 44256**

This institution is an equal opportunity provider and employer.