

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.

- No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked "no", stop here. You do not have to complete or send in this form. Your information will not be shared and will void any fee waiver application.

- Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with appropriate school officials for the purposes of the student fee waiver program as well as others programs marked below:

- Migrant Education Program
Provides services and school supplies for kindergarten through 12th grade students of new Norfolk families in agricultural occupations

- Johnson-O'Malley Program
Provides school supplies / fee payments for kindergarten through 12th grade Native American students only

- Community Civic organizations
A variety of community service clubs that provide food and gifts to needy families of kindergarten through 12th grade students

- Upward bound Program
If funded, a support program through NECC to help borderline 7th through 12th grade students struggling to complete high school

- Duke University Talent Search
An assessment program only for qualified 7th grade

- Student Health Fund
A United Way funded organization that pays for emergency health care for kindergarten through 12th grade students

- Advanced Placement Incentive Grant
ACT, SAT, etc testing for 11th-12th grade students only, for entrance into post-secondary education 12th grade students

If you checked yes to any or all of the boxes above, please make sure correct information is listed below for each student and the parent / guardian. Your information will be shared only with the programs you checked.

STUDENT	SCHOOL	GRADE	BIRTHDATE	AGE

For more information, you may call the Business Office, 644-2505

Return this form to:

Norfolk Public Schools, PO Box 139, Norfolk NE 68702-0139

Signature of Adult Household Member

Date