

SHARING INFORMATION WITH OTHER HIGH SCHOOL PROGRAMS

2016-17 School Year

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 **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Patti Ritter** (Bookkeeper), to potentially lower my cost for (check all that apply) ___ Computer Fees ___ School Fees
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Peggy Spiak** (Lead Guidance), to potentially lower my cost for testing

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. 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 **Leslie Smith** at **804-966-8508** or e-mail at **lsmith@nkcps.k12.va.us**

Return this form to: **New Kent Middle School, School Nutrition Services, 7501 Egypt Rd., New Kent, VA 23124** Or to any school cafeteria, attention the manager.

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