

SHARING INFORMATION WITH OTHER NEW KENT SCHOOL PROGRAMS

2019-20 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 Barbara Duckett (Bookkeeper), to lower my cost (check all that apply) Athletics School Fees Computer Fees
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with Chatise Williams (Guidance), to lower my cost for testing.
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with Patti Ritter (Bookkeeper), to lower my cost (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 Pam Nixon (Lead Guidance), to lower my cost for testing.
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with Allison Strickland, to help with athletic cost.

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 High School, School Nutrition Services, 7365 Egypt Rd., New Kent, VA 23124 Or to any school cafeteria, attention the manager.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.
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