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 informat Application shared with any of	ion from my Free and Reduced Price School Meals f these programs.				
	als to share information from my Free and Reduced on with the Athletic Department .				
	als to share information from my Free and Reduced on with the Transportation Department .				
Price School Meals Applicatio	als to share information from my Free and Reduced on with any other department(AP exams, etc) to confirm eligibility for the Project Running FRL status.				
	the boxes above, fill out the form below. Your th the programs you checked above.				
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 Doreen Burgess 966-1302 or email burgessd@nashua.edu

Return this form to Nashua School Food Service Office.