

August, 2019

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.**

OR (CHECK ALL 3 BOXES BELOW OR JUST THE SPECIFIC ONES)

☐ **Yes! I want school officials to share information from my Free and Reduced Price School Meals Application with my child's Guidance Counselor**

☐ **Yes I want school officials to share information from my Free and Reduced Price School Meals Application with my child's Guidance Counselor**

☐ **Yes I want school officials to share information from my Free and Reduced Price School Meals Application with your child's Guidance Counselor or to waive testing fees**

If you checked yes to any or all of the boxes above, fill out the form 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 Kim Schubert, Superintendent at 419-484-5000 or Jackie Hess at 419-484-5190

Please return this form as soon as possible, but no later than October 1, 2019 to the Board of Education Office at 125 North St., Bellevue

This institution is an equal opportunity provider