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.

- ☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with **Business Office, for potential Bus Fee Reduction.**
- ☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with **Athletic Department, for potential Athletic Fee Reduction**
- ☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with **Pre-School Office, for potential Pre-School Tuition Reduction.**
- ☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with **Technology Office, for potential Chromebook Fee Reduction.**
- ☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with **Extended Day Office, for potential Extended Day Tuition Reduction.**
- ☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with **Summer Enrichment Office, for potential Summer Tuition Reduction.**
- ☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with **Principal or Superintendent's Office, for potential Field Trip Fee, Testing Fee, and/or either Extracurricular or Curricular Material or Rental Fee Reductions.**

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 **Food Service** at **781-326-7500 or e-mail at food.westwood.k12.ma.us.**
Return this form to: **Westwood Public Schools, Food Service Department, 220 Nahatan Street, Westwood, MA 02090.**