

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.

Please check the boxes of the programs we have your permission to share your information with:

- Athletic Program
- Music, Theater and Band Programs
- Guidance Department
- Bus Pass and MS/HS Parking Program
- Pre-K Tuition Program
- Fieldtrips
- All the programs listed above

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 Joanne Cuff, Director of Finance and Operations, at 978-356-2935 ext. 1117, or email at jcuff@ipsk12.net.