

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 **Braintree Public Schools Transportation Department (Bus Passes)**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Braintree High School Athletics Department**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Braintree High School Activity fees (for example: Theater Guild) &/or School to Work Program**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Braintree Public Schools Full Day Kindergarten**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **the Braintree Public Schools Guidance Department for SAT and other fee waivers**.
- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with any other programs.

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 **Megan Ahrenholz, RD, School Nutrition Director** at **781-794-8473** or e-mail at mahrenholz@braintreema.gov. Return this form to: **School Food & Nutrition Services, 128 Town St., Braintree, MA 02184** at the same time you submit your meals application or immediately after you receive a letter of Direct Certification letting you know your students are eligible for free or reduced price meals.