CONSENT FOR SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

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.

❑ Yes. I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **any program at Fowler Elementary School District #45.**

If you checked yes to any or all 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 **the Foodservice Admin Team** at **623-707-2059** or e-mail at **foodservice@fesd.org.**

Return this form with your school meal application to your students' school front office, the school cafeteria or the District Office 1617 S. 67th Ave.; Phoenix, AZ. 85043.

This institution is an equal opportunity provider.