



August, 2020

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 **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Instructional and Material School Fee Waiver Program**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **your child's Guidance Counselor to waive college 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, 2020 to the Board of Education Office at 125 North St., Bellevue

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