



Northview Public School

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 maybe shared with other programs for which your children may qualify. To Share this information we must have your permission to share it. Sending in this form will not change whether your children get free or reduced price meals, and your personal information will not be shared, only confirm with the other program that you are on the free or reduced meal program.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **other school programs that are offering a reduction in a fee driven activity**. If you checked yes to the box above, fill out the form below to ensure that your information is shared for the child(ren) listed below.

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 **Jan Jager** at **616-361-3473** or e-mail at **jjager@nvps.net**.
Return this form to: **High School Food Service Office**.

USDA Nondiscrimination Statement

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