

Office Use Only		
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SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you and 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. **MARKING NO MEANS FEES CANNOT BE WAIVED UNDER YOUR STUDENTS ACCOUNT.**

☐ **YES!** I DO want school officials to share information from my Free and Reduced Price School Meals Application with appropriate school officials for the purposes of the student fee waiver program as well as other programs marked below. **Both this sheet and a fee waiver application must be turned in for fees to be waived in extracurricular activities.**

☐ Migrant Education Program
Provides services and school supplies for kindergarten through 12th grade students of new Norfolk families in agricultural occupations

☐ Johnson-O'Malley Program
Provides school supplies/fee payments for kindergarten through 12th grade Native American students only

☐ Community Civic organizations
A variety of community service clubs that provide food and gifts to needy families of kindergarten through 12th grade students

☐ Five Star Leadership Program
Provides support services to first generation, underserved high school students in preparing for college.

☐ Duke University Talent Search
An assessment program only for qualified 7th grade

☐ Student Health Fund
A United Way funded organization that pays for emergency health care for kindergarten through 12th grade students

If you checked yes to any or all of the boxes above, please make sure correct information is listed below for each student. This form must be signed by the parent or guardian to be valid. Your information will be shared only with the programs you checked.

STUDENT	SCHOOL	GRADE	BIRTHDATE	AGE

For more information, you may call the Business Office, 402-644-2500

Return this form to:

Norfolk Public Schools, PO Box 139, Norfolk, NE 68702-0139

Signature of Adult Household Member

Date