Sharing Information with Other Programs - Optional

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 **Activity and Athletic Programs.**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Educational Programs.**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Scholarship Programs.**

If you checked "yes" to any or all of the boxes above, complete the following form 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 **Dr. Thomas Szlanda** at **402-461-7501 or Shelly Julian** at **402-461-7631** or email at **thomas.szlanda@hpstigers.org** or **shelly.julian@hpstigers.org**.

Return this form to: **Hastings Public Schools** **or** **Your Child's School**
1515 W. 8th St
Hastings, NE 68901