

### 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 **NWPS Academic and Chromebook Fee Waivers**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Northwest Public Schools Athletic/Activity Programs**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Northwest Public Schools Vocal Music Programs.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Northwest Public Schools Instrumental Music Programs.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Scholarship Programs.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Northwest Public Schools Summer School 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 Kim Gibson at 308-380-7598 or email at [kgibson@ginorthwest.org](mailto:kgibson@ginorthwest.org)

Return this form to: 2710 N North Rd, Grand Island NE 68803 by August 13, 2019