

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

Date:

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.

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- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with School fees, text book fees, I Pad insurance waiver, and field trip waiver or reduction.
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with School District Athletic Department.
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Testing fee waivers, course fee waivers as well as scholarship eligibility and college admissions fees.
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Appropriate Gifted programming opportunities during the school year and the summer months, including Summer School Programs.

If you checked yes to any or all of the boxes above, fill out the form below 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 Cindra Magli, Director, Child Nutrition Services at 608-845-4139 or e-mail at child.nutrition@verona.k12.wi.us

Return this form to: Verona Area Schools Child Nutrition, P.O. Box 930007, Verona, WI 53593

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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