

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/Milk 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. Please sign for those additional benefits below if you are interested in receiving them. By signing for the benefits, you are certifying that you are the parent/guardian of the child(ren) for whom the application is being made. Note: Sending in this form will not change whether your children get free or reduced price meals or free milk. Please return this completed form to your child's school as soon as possible to insure that your child receives these benefits.

No! I do NOT want information from my Free and Reduced Price School Meals/Milk Application shared with any of these programs.

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals/Milk Application with CLOTHES FOR KIDS (COAT) - ROTARY CLUB. Please note *Gender and size of your Child/children will need to be included below. This program is available to North Branford/Northford residents only and is a separate program from Night to Care. We will notify you via mail in October or November, of the date you must pick up these items.

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals/Milk Application with NIGHT TO CARE - FOOD BASKET AND GIFTS. We will notify you via mail in November or December, of the date you must pick up these items.

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals/Milk Application with MATT'S MISSION - Limited number of Summer Camp Scholarships

If you checked yes to any or all of the boxes above, complete the information below and sign the form. Your information will be shared only with the programs you checked. List all children in your home regardless of age as some programs may apply.

CHILD'S NAME: AGE Size/Top Size/Bottom School

CHILD'S NAME: AGE Size/Top Size/Bottom School

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CHILD'S NAME: AGE Size/Top Size/Bottom School

Signature of Parent/Guardian: Phone Cell:

Printed Name: Date

Address:

For more information, you may call North Branford School Food Service at 203 484-1440. Return this form to: your child's school.

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