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 Application may be shared with other school based 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 office with College Board, AP, S.A.	ials to share information from my Free and Reduced Price School Meals Application a.T. & A.C.T.
Yes! I DO want school office with Technology Fee .	ials to share information from my Free and Reduced Price School Meals Application
Yes! I DO want school office with Athletic Fee .	ials to share information from my Free and Reduced Price School Meals Application
Yes! I DO want school office with Middle School Nature	ials to share information from my Free and Reduced Price School Meals Application's classroom.
Yes! I DO want school offic with Middle School Washin	ials to share information from my Free and Reduced Price School Meals Application ogton DC Trip.
	he boxes above, fill out the form below to ensure that your information is shared for formation will be shared only with the programs you checked.
Child's Name:	School:
Signature of Parent/Guardian:	Date:
Printed Name:	
Address:	
For more information, you may cal	Barry Sbordy at 508-892-7036 or e-mail: sbordyb@lpsma.net.

For more information, you may call **Barry Sbordy** at **508-892-7036 or e-mail: sbordyb@lpsma.net.** Return this form to: **964 Main Street Leicester MA 01524** by **10/12/2023.**