

## NORTH READING PUBLIC SCHOOLS

"Pursuit of Excellence"

## SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

Phone: (978) 664-7810

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 <b>DO</b> want school officials to share informa Application with <b>BUS USER FEE WAIVER</b> .	tion from my Free and Reduced Price School Meals
Yes! I <b>DO</b> want school officials to share informa Application with <b>ATHLETIC FEE WAIVER</b> .	tion from my Free and Reduced Price School Meals
Yes! I <b>DO</b> want school officials to share information from my Free and Reduced Price School Meals Application with <b>BEFORE SCHOOL CHILD CARE TUITION</b> .	
Yes! I <b>DO</b> want school officials to share informa Application with <b>EXTRACURRICULAR FEE.</b>	tion from my Free and Reduced Price School Meals
Yes! I <b>DO</b> want school officials to share information from my Free and Reduced Price School Meals Application with <b>FULL DAY KINDERGARTEN TUITION</b> .	
Yes! I <b>DO</b> want school officials to share informa Application with <b>INTEGRATED PRESCHOOL TU</b>	
If you checked <b>yes</b> to any or all of the boxes above, fill cashared for the child(ren) listed below. <b>Your information</b>	out the form below to ensure that your information is n will be shared only with the program(s) you checked.
Child's Name	School/Grade:
Signature of Parent/Guardian:	Date:
Printed Name:	
Address:	
For more information, you may call Linda Mazzola, (97	8) 360-1672 or email at

Imazzola@north-reading.k12.ma.us.

Return this form to: North Reading Public Schools, Sherman Road, North Reading, MA, 01864-2576.

Fax: (978) 664-0252