



# NORTH READING PUBLIC SCHOOLS

*"Pursuit of Excellence"*

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## 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 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 **BUS USER FEE WAIVER**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **ATHLETIC FEE WAIVER**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **BEFORE SCHOOL CHILD CARE TUITION**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **EXTRACURRICULAR & PERFORMING ARTS FEES**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **FULL DAY KINDERGARTEN TUITION**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **INTEGRATED PRESCHOOL TUITION**.

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 program(s) you checked.**

Child's Name \_\_\_\_\_ School and Grade: \_\_\_\_\_

Child's Name \_\_\_\_\_ School and Grade: \_\_\_\_\_

Child's Name \_\_\_\_\_ School and Grade: \_\_\_\_\_

Child's Name \_\_\_\_\_ School and Grade: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call Rosaly MacKillop, (978) 526-5252 or email at [rmackillop@nrpsk12.org](mailto:rmackillop@nrpsk12.org).  
**Please return this form to: Rosaly MacKillop, North Reading Public Schools, 189 Park Street, North Reading, MA, 01864-2576.**