MIDDLE & HIGH SHARING FORM SHARING INFORMATION WITH OTHER PROGRAMS

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Dear	1 archit/	Ouai	man.

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 of your choice for which your children may qualify. For the following programs, we must have your permission to share your information with the school official. Sending in this form will not change whether your children get free or reduced price meals and all or none of the boxes may be checked.

Yes! I DO want to share eligibility info from Application for a scholarship for <u>School</u>	m my Free and Reduced School Meals Bus Program Fee with School Official.
Yes! I DO want to share eligibility info Application for a Scholarship for Athle	o from my Free & Reduced School Meal etic Program Fee with School Official.
Yes! I DO want to share eligibility info Application with Scholarship for AP E	o from my Free & Reduced School Meal Exam Program Fee with School Officials.
NO! I DO NOT want school officials program.	to share my information with any other
If you checked yes to any or all of the boxes above, information is shared for the child(ren) listed below. the programs listed above and with the school of Child'sName	Your information will be shared only with official (building principal & data specialist)
Child siname	School:
Child'sName	School:
Child'sName	_School:
Child'sName	School:
Effective Dates: This agreement shall be effective from	to
Penalty : Any person who publishes, divulges, disclosextent not authorized by Federal law(Section 9(b)(6)	

1758(b)(6)(C) or a regulation, any information about a child's eligibility for free and reduced price meals shall be fined not more than \$1,000 or imprisonment of not more than 1 year or both.

Signatures: The parties acknowledge that children's free and reduced price meal information may be used only for the specific purposes stated above, and that unauthorized use of free and reduced price meal information or further disclosure to other persons or programs is prohibited and a violation of Federal law, which may result in civil and criminal penalties.

Signature of Parent/Guardian:	Date:	
Printed Name:		
Address:		
Signature of School Official:	Date:	
Name:	Title:	

For more information, you may call **Judy Crooks** at **781-659-8800** or e-mail at **Judith.crooks@norwellschools.org**.

Return this form to Norwell Food Service, 322 Main Street, Norwell MA 02061 along with the completed Free & Reduced Application or send it into the school.