

**MSD of Martinsville
Food Service Department**

Dear Parent/Guardian:

To better serve our families, the information you provided on your *Free and Reduced-price School Meals/Milk Application* may be shared with other programs for which your children may qualify. We must have your permission to share this information with other programs. Please sign below for any additional benefits you are interested in receiving. By signing for the benefits, you are certifying that you are the parent/guardian of the children for whom the application is being made.

Note: Submitting this form will not change whether your children get free or reduced-price meals benefits.

YES, I DO want school officials to share information from my Free and Reduced-price School Meals/Milk Application with MSD of Martinsville sponsored programs that pertain to my student including but not limited to the list below.

- PSAT/SAT/ACT Exam Waivers
- NCAA Clearinghouse Waiver
- Eye Glass Program
- Angel Tree Program
- Other Program Waivers

NO, I do NOT want information from my *Free and Reduced-price School Meals/Milk Application* shared with any of these programs and understand I will be responsible to pay for items listed on the left side.

PLEASE PRINT

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature of Parent/Guardian: _____ **Date:** _____

For more information, please call Donna Magness at 765-349-4452 ext. 3. Return this form to any MSD of Martinsville school or mail to Martinsville Food Service, 389 East Jackson Street, Martinsville, IN 46151.