

# Permission to Share 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.

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- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **All programs listed Below (Athletics, Guidance, Front Office, Bussing & Transportation, Community Education/Extended Day, Early Steps Preschool)**
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **WPS Athletics.**
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **WPS School Guidance Department**
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **WPS School Front Office/Administration Staff**
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **WPS School Transportation/Bussing Coordinator**
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **WPS School Community Education Program (Extended Day)**
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **WPS School Early Steps Integrated Preschool**

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 programs you checked.

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

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

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

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

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

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

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

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For more information you may call **Brandon Rabbitt** or **Donna Daigle** at **617-926-7756** or e-mail the Director of School Nutrition at **Brandon.rabbitt@watertown.k12.ma.us**.