

# Reading Public Schools

*Instilling a joy of learning and inspiring the innovative leaders of tomorrow*

## Sharing Information With Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you provided on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. We must have your permission to share your information. Sending this form will not change whether your children receive free or reduced price meals.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **any program or activity that has a reduction in fees due to my eligibility.**

No! I **DO** not want school officials to share information from my Free and Reduced Price School Meals Application with **any program.**

If you checked yes, please fill out the form below to ensure that your information is shared for the child(ren) listed below.

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

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 the Finance Office at 781-944-5800. Please return this form to:  
School Nutrition Department, RMHS Cafeteria, 62 Oakland Rd, Reading, MA 01867.