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## Sharing Information with OTHER PROGRAMS

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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 **the Norton Public Schools Business Office (Regarding Transportation, Project Early Fees)**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the Norton Public Schools Athletic Department (Regarding User Fees).
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **the Norton Public Schools Principal/Guidance Offices and School Nurses (Regarding testing fees, i.e., SAT's, AP, etc. as well as offers from organizations recognized by the Norton Public Schools that provide goods and services throughout the school year)**.

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: \_\_\_\_\_

\_\_\_\_\_

For more information, you may call **JoAnn Petrelli, Director of Food Service** at 508-285-0150 or e-mail at [joannpetrelli@norton.k12.ma.us](mailto:joannpetrelli@norton.k12.ma.us).