

### Sharing Eligibility Information with Other Programs - Optional

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.**

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Athletics and Sports Programs and Clubs.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Musical, Band, Vocal Programs**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **School Fees**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Academic programs and Scholarship Applications.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **GISH Wellness Center.**

**If you checked “yes” to any or all of the boxes above, complete the following form 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 **Kari Price** at **308-385-5900** or email at **kprice@gips.org**.

Return this form to: **Nutrition Services at the time of submitting your Free and Reduced Application.**