

SHARING INFORMATION 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 **St. Marys Area School District Guidance Department**, we must have your permission to share your information. Sending in 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 the **St. Marys Area School District Guidance Department**.

Please 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 St. Marys Area School District Guidance Department.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

Return this form to: **St. Marys Area School District
Business Office
977 S. St. Marys Rd.
St. Marys, PA 15857**