

CENTRAL A & M COMMUNITY UNIT DISTRICT

**SHARING INFORMATION WITH OTHER PROGRAMS
2011-2012**

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.**

_____ No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

_____ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Central A & M Promoters (CAMP)**.

_____ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **The Assumption Optimist Club**.

_____ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **The Moweauqua Toy Depot**.

_____ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **The Moweauqua Lions Club**.

_____ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **The Ministerial Alliance**.

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

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Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone: _____

Address: _____

For more information, you may call the district office at 226-4042.
Return this form to the school office.