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 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, but it will save you from having to file other applications.**

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

- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Wayland Athletic Program**.
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Wayland Full Day Kindergarten Program**.
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Wayland Laptop Maintenance Program.**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Wayland Music Program.**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Wayland Transportation Program.**

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:_____Grade:_____

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Child's Name: _____School:_____Grade:_____

Signature of Parent/Guardian: _____Date: _____

Address:_____

Phone #:_____ E-mail:_____

For more information, you may call Cheryl Judd, Food Service Director at 508-358-7904 or e-mail at Cheryl_Judd@wayland.k12.ma.us. **Please send this form directly to Cheryl Judd, Food Service Director, 264 Old Connecticut Path, Wayland, MA 01778.**