

## SHARING INFORMATION WITH OTHER PROGRAMS

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Dear Middle School 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 TECHNOLOGY FEE ASSISTANCE programs. \*5<sup>TH</sup> AND 8<sup>TH</sup> GRADE ONLY\*
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with SCHOOL TRIP FEE ASSISTANCE programs.
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with HOLIDAY FOOD/GIFT BASKETS

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: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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For more information, you may call **Angelique Defeo** at **215 809-6542** or email at **[adefeo@neshaminy.org](mailto:adefeo@neshaminy.org)**.

Please return form to Food Service Bookkeeper at [adefeo@neshaminy.org](mailto:adefeo@neshaminy.org), or print and mail to

Neshaminy School District  
2250 Langhorne-Yardley Road  
Langhorne, Pa 19047