

### Sharing 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 **Freeman Secondary Activity**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Freeman Preschool**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **School Counselor**.

**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 **Angie Dowding** at **402-988-2525 ext 102** or email at **angie.dowding@freemanschools.net**

Return this form to: **Freeman Elementary, Angie Dowding, PO Box 259 Adams, NE 68301**  
**By September 22<sup>nd</sup>, 2023**