

SHARING INFORMATION WITH OTHER PROGRAMS HIGH SCHOOL ONLY

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 **Marshfield High School Athletic Department**

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Marshfield Public School Technology Department (Tech Protection Plan)**

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Marshfield High School Guidance Department**

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.**

PRINT CLEARLY - **HIGH SCHOOL STUDENTS ONLY**

Child's Name _____ / Grade _____ High School

Child's Name _____ / Grade _____ High School

Child's Name _____ / Grade _____ High School

_____/ _____
Signature of Parent/Guardian / Date

Print Name Clearly:

Parents Name: _____

Address: _____

Return this form to:

**Marshfield Public Schools
School Nutrition Department
167 Forest Street
Marshfield, MA 02050
Attn: Nancy Tellier**

or have your child bring to room 168g (by student dining)