

Lincoln Food Service Department

SHARING INFORMATION FORM

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 **Athletic Programs**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Guidance Department ((fee waivers for tests /exams may available)**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **School Nursing 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.

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 **Samantha D'Angelo** at (781)259-9400 ext. 4306 or e-mail at sdangelo@lincnet.org.
Return this form to: **Samantha D'Angelo @ 6 Ballfield Road Lincoln, Ma 01773**.