

**SHARING MEAL STATUS INFORMATION
WITH OTHER PROGRAMS TO WAIVE FEES**

Dear Parent/Guardian:

To save you time and effort, the information you gave on your 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 Free Meal Status 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 my **Free Meal Status** information from my School Meals Application to waive **Instructional Fees**.
- Yes! I **DO** want school officials to share my **Free Meal Status** information from my School Meals Application to waive **Pay to Participate**.

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: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

**Return this form to: Medina City Schools
Food Service and Child Nutrition Department
739 Weymouth Road
Medina, OH 44256**

This institution is an equal opportunity provider.