

SHARING INFORMATION WITH OTHER PROGRAMS

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. 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 **Edith Bowen Laboratory School-Little Blue After School Club**.

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 Edith Bowen Laboratory School -Little Blue After School Club.

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Jennifer Barton** at **435-797-3081** or e-mail at jennifer.barton@usu.edu or **Carolina Harward** at **435-797-3088** or email at carolina.harward@usu.edu

Return this form to: **Carolina Harward**