

## 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. **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 priced meals.**

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs. MILAN ROSE PHOTOGRAPHY

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with MILAN ROSE PHOTOGRAPHY

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

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**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: HCRHS

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 HCRHS at 908-284-7261.  
(name) (phone)

**Return this form to your child's school**

Hunterdon Central Regional High School  
84 Route 31, Box B1, Flemington NJ 08822  
This institution is an equal opportunity provider