

## SHARING INFORMATION WITH OTHER PROGRAMS

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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.**

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- No! I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of these programs.
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- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with St. Bernard-Elmwood Place School Offices to determine school fee waiver eligibility.
- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with St. Bernard-Elmwood Place High School Counselor(s) to determine fee waiver eligibility for ACT/SAT testing and college admission fees.

**If you checked yes to any or all 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: \_\_\_\_\_

For more information, you may call Ms. Theresa Schrand at (513) 482-7103 or [tschrand@sbepschools.org](mailto:tschrand@sbepschools.org)

**Return this form to the school your oldest child in the district attends**

Do not complete this section. Intended for school use only

This form is to Certify that the Children listed above are Categorically Eligible as:

Free     Reduced     Denied    Reason Denied: \_\_\_\_\_

Determining/Approval Official's Signature \_\_\_\_\_ Date: \_\_\_\_\_

