SHARING INFORMATION WITH OTHER PROGRAMS IN THE NORWOOD PUBLIC SCHOOLS 2020-2021

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 shar Application with the Guidance Departr	e information from my Free and Reduced Price School Meals nent.
Yes! I DO want school officials to shar Application with the Transportation De	e information from my Free and Reduced Price School Meals
Yes! I DO want school officials to shar Application with the Information Tech	e information from my Free and Reduced Price School Meals nology Department.
Yes! I DO want school officials to shar Application with the Athletic Departme	e information from my Free and Reduced Price School Meals ent.
Yes! I DO want school officials to shar Application with the Fine Arts Departm	e information from my Free and Reduced Price School Meals nent.
	out the form below to ensure that your information is shared for ion will be shared only with the program(s) you checked.
Child'sName	School:
Signature of Parent/Guardian:	Date:
Printed Name:	
Address:	
For more information, you may call Norwo	od Food Service at 781-440-5827.
Return this form to:	By:
For Office Use Only:	
Date Received:	Department :
Qualifies for Free Lunch Qualifies for	r Reduced Lunch Does Not Qualify for Free or Reduced Lunch
Initial	