SHARING INFORMATION WITH OTHER PROGRAMS IN THE NORWOOD PUBLIC SCHOOLS 2023-2024

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 share information from my Free and Reduced-Price School Meals Application with the Guidance Department.

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

Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with the Information Technology Department.

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

Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with the Fine Arts Department.

If you checked yes to the box(s) 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 program(s) you checked.

Student	School
1.	
2.	
3.	
4.	

Signature of Parent/Gua	rdian:	Date:	_
Parent/Guardian Name	(Print):		
Address:			-
For	more information, you may call No	rwood Food Service at 781-440-5827.	
Return this form to:		By:	
For Office Use Only:			
Staff Initials:			
Date Received:	Departmen	t:	
Qualifies for Free Lunch	Qualifies for Reduced Lunch	Does Not Qualify for Free or Reduced Lunch	