



SHEBOYGAN AREA SCHOOL DISTRICT

School Nutrition

1240 Washington Avenue

Sheboygan, WI 53081-4427

Phone: 920-459-3568

Fax: 920-459-3294

SHARING INFORMATION WITH OTHER PROGRAMS 17-18

****CONFIDENTIAL INFORMATION****

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 program, 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.**

- No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any programs.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application. The program is called (*check one box*):
- | | |
|---|---|
| <input type="checkbox"/> Free eyeglasses | <input type="checkbox"/> Discount registration fees at Rec Dept |
| <input type="checkbox"/> Discount testing fees SAT/ACT/AP | <input type="checkbox"/> Discount instrument rental for band |
| <input type="checkbox"/> Internet Stipend for online students | <input type="checkbox"/> Fee for college applications |

If you checked yes to the box above, fill out the form below. The free/reduced information is confidential and will only be used for the specific program listed.

- Child's Name: _____ School: _____
- Child's Name: _____ School: _____
- Child's Name: _____ School: _____
- Signature of Parent/Guardian: _____ Date: _____
- Printed Name: _____
- Address: _____

School Name: _____ (to be returned to)

Contact Person: _____ Phone Number: _____

(**As the contact person I understand that this information is confidential and will not share with any other program(s)

For Office Use Only
(Do not write below this line)

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Return original form to Dawn Schutte in School Nutrition Services for confirmation of status. A copy of this form will be returned to Contact Person listed above.

Free

Reduced

None