



# 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 21-22 \*\*CONFIDENTIAL INFORMATION\*\*

Dear Parent/Guardian:

To save you time and effort, if your family is on free or reduced meals for the 21-22 school year either from a lunch application or Direct Certification the information 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, no benefit will be given unless this form is returned. 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 only one box, 1 form is needed per each individual program listed below*):
  - Free eyeglasses
  - Discount registration fees at Rec Dept or Boys & Girls Club
  - Discount testing fees AP
  - Discount instrument rental or choir
  - Internet Stipend for online students
  - 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)

\*\*Program Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

## 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: How to File a Complaint, 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

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

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*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*