

**NEEDHAM PUBLIC SCHOOLS
SHARING INFORMATION WITH OTHER PROGRAMS
2019-2020**

Dear Parent/Guardian:

If you qualify for Free & Reduced Meals, you may also qualify for other benefits in the Needham Public Schools, such as Transportation & Scholarship programs. Students eligible for free or reduced priced meals are entitled to free transportation to and from school.

The information reported on this 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.** Completing this form will not change whether your children get free or reduced-price meals.

The School Department will not issue transportation refunds nor award eligibility-based scholarships to your child/ren UNLESS you check yes to the applicable sharing section/s, and sign & date below.

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- Yes! I **DO** want Nutrition Services to share information from my Free and Reduced-Price School Meal Application with the Needham Public Schools **Transportation** Department.
- Yes! I **DO** want Nutrition Services to share information from my Free and Reduced-Price School Meal Application with my child's **School Principal & Guidance Counselor**, who may share with school programs if there is a benefit to me, such as scholarships, ie: From Yearbook, Graduation Gowns, tutors etc.) Waived fees if applicable.
- Yes! I **DO** want Nutrition Services to share information from my Free and Reduced-Price School Meal Application with the **Community Education Programs**, including Kindergarten After School Enrichment (KASE), Elementary After School Enrichment (EASE), Pollard After School Enrichment (PAS), Before/After school Structured Programs, Adult Education, and Summer School.

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- No! I **DO NOT** want information from my Free and Reduced-Price School Meal Application shared with any of these programs.

If you checked yes to any or all of the boxes 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 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 Ruth Griffin, Nutrition Services Director at (781) 455-0400 x11219 or e-mail at: Lunch_Account@needham.k12.ma.us. Return this form to: Nutrition Services at Needham Public Schools, 1330 Highland Avenue, Needham, MA 02492 or FX: 781-455-0434 & Please print clearly.