

**PORTLAND PUBLIC SCHOOLS
SHARING FREE OR REDUCED-PRICE INFORMATION
WITH OTHER PROGRAMS**

Dear Parent/Guardian:

The information you give on the Confidential Application for Free or Reduced-Price Meal is only used to determine your student(s) eligibility for Free or Reduced-Price meals. **The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs we must have your permission to share your information.**

Sending in this form will not change whether your student(s) get free or reduced meals.

Signing this waiver is NOT A REQUIREMENT for participation in any school nutrition program.

No! I DO NOT want information from my Free and Reduced-Price School Meals Application shared with any of the programs listed below.

If you checked "No", stop here. You do not have to complete or send in this form. Your information will not be shared.

Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with:

- Educational/school related program fee waiver or reduction – field trips, educational workbooks, elective class lab fees, college tuition fees, night school fees, summer school fees, fee-for-service Kindergarten or pre-K fees, Outdoor School fees, PSAT/SAT/ACT test fees
- Athletic programs fee reduction
- Administrative school programs fee waiver or reduction - Before & After School Program fees, Bus/Transportation fees, Student activities fees (dances), Student Body Card fees. Transfer to a school of choice (eligibility is "weighting" factor for school transfer lottery)
- Medical/dental services fee waiver/reduction

I certify that I am the parent/legal guardian of the child(ren) for whom the application is being made. I understand by marking 'Yes,' I give permission to release information (student's name, F/R status, and/or contact information) to the programs listed above.

Parent/Guardian Printed Name: _____

Signature of Parent/Guardian: _____ Date: _____

Address: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

This institution is an equal opportunity provider.
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