



CONSENT FOR SHARING INFORMATION WITH OTHER PROGRAMS FORM

Dear Parent/Guardian:

For the following programs, we must have your permission to share your information. Sending in this form will not change whether or not your child(ren) receives free or reduced-price meals.

- No! I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of these programs.
- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **the Early Childhood Education Center (ECEC).**
- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **Salt River Elementary School.**
- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **Salt River High School, the Accelerated Learning Academy and colleges and/or other higher education programs.**

If you checked YES to any or all of the boxes above, fill out the form below (please use the backside of this sheet if more room is need). Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Printed Name: _____

Address: _____

For more information, call Joni Andreas or Naomi Manuel at 480-362-2448 or e-mail Joni.Andreas@srpmic-ed.org or Naomi.Manuel@srpmic-ed.org.

Please return this form to Salt River Schools Food Services Dept., 10005 E. Osborn Rd., Scottsdale, AZ, 85256, by September 28, 2017.

This institution is an equal opportunity provider.