



### Sharing of information (parent/guardian use only)

Dear Parent/Guardian,

Your child may qualify for additional benefits (such as waived or reduced fees for school programs) based on their Free & Reduced-Price Meal eligibility status. Federal law requires your **written consent** before the Food Services Department can share this information with other school programs.

If you would like your child's eligibility status shared, please complete the form below and return it to the **Food Services Department**.

#### Parent/Guardian Consent

I give permission for the Food Services Department to share my child's Free & Reduced-Price Meal eligibility status for the purpose(s) I have checked below:

- ☐ Title I Program Support
- ☐ Tutoring/After-School Programs
- ☐ Testing Fee Waivers (SAT, ACT, AP, etc.)
- ☐ Summer School Programs
- ☐ Athletics/Activity Fee Waivers
- ☐ Brookline BEEP Fee Waiver
- ☐ Steps to Success Program
- ☐ Transportation Assistance
- ☐ Principal/School Administration (for approved program purposes only)
- ☐ Other District Approved Programs: \_\_\_\_\_

#### Student Information

**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Student ID (if known):** \_\_\_\_\_

#### Parent/Guardian Information

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone/Email:** \_\_\_\_\_

#### **Important:**

- *This consent is voluntary. Your child will still receive free or reduced-price meals even if you do not sign this form.*
- *Information will only be shared with the programs you have checked.*
- *You may revoke your consent in writing at any time.*