

**SHARING INFORMATION WITH OTHER PROGRAMS**

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Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **We must have your permission to share your information with other programs. Sending in this form will not change whether your children get free or reduced price meals.**

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

**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 **MCCSC SCHOOL AGE CARE**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **MCCSC ATHLETICS DEPARTMENT**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with \_\_\_\_\_.

(fill the name of the program of your choice)

**If you checked yes to any or all of the boxes above, fill in the student information 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 **Food Service** at **812-349-4762**

**Return this form to: Food Service Department  
503 E. North Drive  
Bloomington, IN 47401**