

**Sweet Home School District**  
**SHARING FREE OR REDUCED-PRICE INFORMATION**  
**WITH OTHER PROGRAMS**

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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.

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**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: (Mark each program to which you want information released.)

Guidance Office

Oregon University System

College Board ( PSAT, SAT, and AP Testing Service)

Other: \_\_\_\_\_

**If you marked any or all of the programs listed above, fill out the form below. I understand that I am releasing information (student’s name, F/R status, and/or contact information) to only the programs I have marked. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ School: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ School: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ School: \_\_\_\_\_

For more information, call 367-7149.

Return this form to: the Sweet Home High School Cafeteria by September 30<sup>th</sup> of each school year.

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