



SHARING INFORMATION WITH OTHER PROGRAMS

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. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

Please complete the following:

Yes, I DO want the CCS School Nutrition Program to share information from my Free and Reduced Price School Meals Application with (check all that apply):

- AP/IB Testing
- SAT Testing
- ACT Testing
- Other: _____
- Drivers Education Program
- Boys and Girls Club

If you checked YES, complete the section below to ensure that your information is shared for the student(s) listed. Your information will be shared only with the programs you checked.

PRINT Student Name School or Student ID #

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Signature of Parent/Guardian Date

Printed Name of Parent/Guardian

Address

Questions? Contact Maria Antunez at maria.antunez@cabarrus.k12.nc.us or (704) 260-5554.

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Office use only:

Status: _____ Sent to: _____ Date: _____ By: _____