



**Sharing Information with Other Programs - Optional**

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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.

**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.**

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- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **participation in extracurricular activities.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **materials in course projects or preschool tuition.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **post-secondary school or scholarship applications.**

**If you checked “yes” to any or all of the boxes above, complete the following form to ensure that your information is shared for the child(ren) listed 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 **Becky Elliff** at **402-592-1300** or email at **belliff@spscne.org**

Return this form to: **Springfield Platteview Community Schools**  
**14801 S 108<sup>th</sup> St, Springfield, NE. 68059**