



CHILD NUTRITION SERVICES

AUTHORIZATION TO SHARE INFORMATION WITH OTHER PROGRAMS

Please return this form to the Sycamore Child Nutrition Services Office, located at District Offices. If you do **not** return this form, we will assume that you do **not** authorize sharing your Free and Reduced Price School Meals program status with school officials responsible for other fee waivers and assistance programs. For more information, call Beth Weber, Treasurer, at 686-1700.

Dear Parent/Guardian:

Children who qualify to participate in the Free or Reduced Price School Meals program may also qualify for additional fee waivers. In order to receive those fee waivers, parents must agree to allow the status of this application to be shared with those responsible for waiving those fees. Parents who do not agree will be responsible for paying those fees. Agreeing or not agreeing will not affect qualification for free or reduced price meals.

Please complete the following:

⇒ **Yes, I agree to have my application status used to determine if my child(ren) qualify for the fee waivers checked below.**

Academic Fees Summer School Full-Day Kindergarten Tuition Extracurricular Fees Assistance Programs

⇒ **No, I do not agree to have my application status used to determine if my child(ren) qualify for the fee waivers checked below. I understand this means I will be responsible for paying those fees.**

Academic Fees Summer School Full-Day Kindergarten Tuition Extracurricular Fees Assistance Programs

Child's Name: _____ School Building: _____

Child's Name: _____ School Building: _____

Child's Name: _____ School Building: _____

Child's Name: _____ School Building: _____

Child's Name: _____ School Building: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Phone Number: _____

Address: _____ City _____ Zip _____