



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 New Hope-Solebury 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.

- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application for all items listed below.
- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application for free or discounted field trips.
- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application for free or discounted college entrance testing fees.
- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application for other discount opportunities available, such as school activities or materials.
- No! I **DO NOT** want school officials to share information from my Free and Reduced-Price School Meals Application with any New Hope-Solebury District Programs.

Please fill out the form below:

Child's Name: _____ School: _____

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Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call New Hope-Solebury Food Services Department at 215-862-8176 or email kkeller@nhsd.org.

Return this form as soon as possible to:

New Hope-Solebury School District
Attn: Food Services Department
180 West Bridge Street
New Hope, PA 18938

Kim Keller – *Food Service Director*
Phone – (215) 862-8176 * E-mail – kkeller@nhsd.org