

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.

- Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with College Board for test fee waiver eligibility.
Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with ACT for test fee waiver eligibility.
Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application for college application fee waivers.

If you checked yes to any or all of the boxes above, fill out the form below 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 the Counseling Department , at 770-929-0176 or e-mail at canderson@rockdale.k12.ga.us.

Return this form to: Attention: SHS Counseling Department, Salem High School 3551 Underwood Road, Conyers, Georgia 30012.

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