Attachment L: 2022-23

Sharing Information with Other Programs - Optional

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 info Meals Application with Waverly or Eagle F	ormation from my Free and Reduced Price School Preschool
Yes! I DO want school officials to share info Meals Application with Viking Discovery .	ormation from my Free and Reduced Price School
☐ Yes! I DO want school officials to share info Meals Application with School District 14 !	ormation from my Free and Reduced Price School 5- Waverly Sports and Activities
If you checked "yes" to any or all of the boxes that your information is shared for the child(re only with the programs you checked.	above, complete the following form to ensure n) listed below. Your information will be shared
Child's Name:	School:
Signature of Parent/Guardian: Printed	Date :
Name: Addres	

For more information, you may call **Mikal Shalikow** at **402-786-2321 ext 1104** or email at **mikal.shalikow@district145.org**.

Return this form to: PO Box 426, 14511 Heywood St, Waverly NE 68462.