

## Addendum A: Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you provided on your *Free and Reduced-price School Meals Application* may be shared with other programs for which your children may qualify. We must have your permission to share this information with other programs. Please sign below for any additional benefits you are interested in receiving. By signing for the benefits, you are certifying that you are the parent/guardian of the children for whom the application is being made. **Note:** Submitting this form will not change whether your children get free or reduced-price meals.

- NO**, I do **not** want information from my *Free and Reduced-price School Meals Application* shared with any of these programs.
- YES**, I **do** want school officials to share information from my *Free and Reduced-price School Meals Application* with the programs checked below. **Check all that apply.**
- BPS Assistant Superintendent, BHS Principal, BHS AP Coordinator, and The College Board for the purpose of determining eligibility for a fee waiver in the cost of AP exams. (Applies to high school students only)**
- BPS Assistant Superintendent and other relevant school officials and testing organizations for the purpose of determining eligibility for a fee waiver in the cost of coursework-related standardized assessments students may elect to take.**

**If you checked YES for any boxes above, complete the information below and sign the form.** Your information will be shared only with the people and applicable programs you checked.

Please Print

Child's name: \_\_\_\_\_ School: \_\_\_\_\_

Child's name: \_\_\_\_\_ School: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature** of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, please call at 203-315-7806. Return this form to Branford Public Schools, 1111 Main Street, Branford, CT 06405 no later than **September 15, 2019**.

---

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.