

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. Please check ALL programs that you wish to participate in, if deemed eligible

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- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Lincoln High School Guidance Department. **This will make me eligible for different opportunities: a Free SAT Waiver, a Free ACT Waiver, Free/ Reduced AP Test, College Applications, etc...**
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Lincoln High School Guidance Department. **This will make me eligible for different opportunities: a Free ACT Waiver**
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Lincoln High School Guidance Department. **This will make me eligible for different opportunities: NCAA Clearinghouse waiver**
- ☐ No! I **DON'T** want school officials to share information from my Free and Reduced Price School Meals Application with Lincoln High School Guidance Department. **This WILL NOT allow me the opportunity for different opportunities: a Free SAT Waiver, a Free ACT Waiver, Free/ Reduced AP Test, College Applications, etc...**

If you checked yes to the above box (es), 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 department for your child's benefit.

This is only for use at the Lincoln High School ONLY

Child's Name: _____ School: **Lincoln High School**

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Child's Name: _____ School: **Lincoln High School**

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call Anne-Marie VanNieuwenhuize at 401-334-7554 or e-mail at vannieuwenhuizea@lincolnps.org.

Return this form to: Lincoln High School, Guidance Department 135 Old River Road, Lincoln, Rhode Island by the end of **SEPTEMBER to be eligible to receive this information**