



Sharing Information with Other Programs - Optional

Dear Parent/Guardian:

The information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your child may qualify.

We must have your permission to share your information. Sending in this form will not change whether your child receives free or reduced-price meals.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application

Child's First Name: _____ Child's Last Name: _____

School: _____ Grade: _____

Printed Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____

Sharing Information with Other Programs along with the **Fee Waiver Application Form** must be completed per child and submitted to the SPCS Administration Building.

Return this form to:

**Springfield Platteview Community Schools
765 Main St, Springfield, NE. 68059**

For more information, you may call **Robin Hill at 402-592-1300** or email at **robin.hill@spcsne.org**.

NE Department of Education – Nutrition Services
National School Lunch Program