2026-27 SHARING INFORMATION WITH OTHER PROGRAMS

RETURN THIS FORM TO A SCHOOL OFFICE

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 for **Textbook and Workbook Use Fee waivers.**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application for **Co-Curricular/Activity Fee waivers.**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application for **After School Program Fee tiers.**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application for **Advanced Placement(AP)-College Board Course/Test Fee waivers any other applicable school testing fee waivers.**
- ❑ No! I **DO NOT** want school officials to share information from my Free and Reduced Price School Meals Application. ***I understand I will be responsible to pay for all fees assigned to my child/ren.***

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 Lesley Baehman at 920-982-2011 or e-mail at lbaehman@newlondon.k12.wi.us.

Return this form to a school office upon completion.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

2. **fax:**
   (833) 256-1665 or (202) 690-7442; or

3. **email:**
   program.intake@usda.gov

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