

## SHARING INFORMATION WITH OTHER PROGRAMS

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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 at Arrowhead High School. 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.

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- Yes! I **DO** want Arrowhead High School to share information from my Free and Reduced Price School Meals Application to determine eligibility for free or reduced book fee, athletic fee, applicable classroom fees, and Title I grant opportunities at Arrowhead High School.

If you checked yes to the box above, 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.

Arrowhead High School Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Arrowhead High School Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Arrowhead High School Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Arrowhead High School Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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For more information, you may call **Jeff Gross at 262-369-3635 or**

**Kate McGraw at 262-369-3611 Ext. 4110.**

Return this form to: **Arrowhead High School District Office**

**Attn: Kate McGraw**

**700 North Avenue**

**Hartland, WI 53029**

This institution is an equal opportunity provider.