2026-27

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 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. **You must complete this form each year you wish to qualify for reduced fees.**

Yes! I **DO** want Arrowhead High School to share information from my Free and Reduced-Price School Meals Application to determine eligibility for the following opportunities at Arrowhead High School, as governed by Policy 6152.01 – Waiver of School Fees or Fines **(check all programs that you would like to share your information with);**

- ❑ Free or Reduced Book Fees
- ❑ Athletic Fee
- ❑ Applicable Classroom Fees
- ❑ Technology Program
- ❑ Title I Grant Opportunities

If you checked yes to any of the boxes 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: _____

Signature of Parent/Guardian: _____Date: _____

Printed Name: _____

Address: _____

_____

For more information, contact: Kate McGraw at 262-369-3611 Ext. 4110 or mcgraw@arrowheadschools.org.

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.