

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. **We must have your permission to share your information with the following programs. Sending in this form will not change whether your children get free or reduced price meals.**

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs. You will be responsible for the school laptop insurance fee.

Yes! I **DO** want school officials to share their free or reduced status (not specific information) from my Free and Reduced Price School Meals Application with Londonderry School District's Technology Department for the explicit use of the 1 to 1 laptop insurance fee waiver.

If you checked yes to any or all of the boxes above, fill out the form 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 Amanda Venezia, SNS at 603.432.6941 x2234.

Return this form to:
Londonderry Dining Services
295 Mammoth Road
Londonderry, NH 03053

For Internal Use Only	
Waiver Eligibility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Director of Dining Initial:	