## SHARING INFORMATION WITH OTHER PROGRAMS, SY 2016-2017

## 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. You are not required to give permission and sending in this form will not change whether your children get free or reduced price meals. For the following programs, we must have your permission to share your information. If you want us to share your information, fill out the form below and return to Dennis Chambers or Debbie Perry at 409 Belfonte Street, Russell, Kentucky 41169 along with your application.

<b>information</b> , fill out the form below and retu 409 Belfonte Street, Russell, Kentucky 41169	· · · · · · · · · · · · · · · · · · ·
Yes! I <b>DO</b> want school officials to share inform Application with any of the following program	nation from my Free and Reduced Price School Meals ns:
<b>Assessment:</b> GMADE, GRADE, KENTUCKY CONATIONAL ASSESSMENT OF EDUCATIONAL	ORE CONTENT, MEASURED ACADEMIC PROGRESS, PROGRESS, NO CHILD LEFT BEHIND
Waiver of Russell High School Fees: ADVA	NCED PLACEMENT TESTING, CLASS, TRIM FEES
<b>OTHER:</b> TECHNICAL EDUCATION DATABAS PROGRAM STUDENT FEES, AND FIELD TRIP	E SYSTEM, EXTENDED SCHOOL SERVICES, ORCHESTRA FEES
No! I <b>DO NOT</b> want school officials to share in Meals Application for any purpose.	nformation from my Free and Reduced Price School
If you checked yes to any or all of the boxes a your information is shared for the child/child shared only with programs listed. If any of th indicate on this line:	dren listed below. Your information will be ne programs are not suitable for release, please
Child's Name:	School:
Signature of Parent/Guardian:	Date:
Printed Name:	
Address:	

For more information, you may call **Dennis Chambers** at **606-836-9679 or** e-mail at **dennis.chambers@russellind.kyschools.us**.