

**EASTERN CAMDEN COUNTY REGIONAL SCHOOL DISTRICT**  
**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. **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 priced meals.**

---

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

---

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the **Eastern H.S. Athletic Department to waive my athletic participation fee.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the **Eastern H.S. Guidance Department to waive fees for SAT, ACT, AP testing, and aid based scholarships, and with college officials for waiving application fees and financial aid determinations.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the **Eastern H.S. Technology Department for the Connect Ed / free home internet grant.**

**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: \_\_\_\_\_ Grade: \_\_\_\_\_ ID: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ ID: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ ID: \_\_\_\_\_

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

Printed Name of Parent/Guardian: \_\_\_\_\_

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

For more information, you may call Beth Cattell at (856) 784-4441 ext. 1134