



SHARING INFORMATION WITH OTHER PROGRAMS 2018-2019

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 price meals.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the Appleton Area School District personnel regarding my child(ren's) **Enrollment Fees**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the Appleton Area School District personnel regarding my child(ren's) **Elective Course Material Fees**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the Appleton Area School District personnel regarding my child(ren's) **Co-Curricular / Participation Fees**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the Appleton Area School District personnel regarding my child(ren's) **Instrumental Rental Fees**.

If you checked yes to any or all 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.

Child's Name: _____ School: _____

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Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Email/Phone: _____

For more information, you may call the Aramark Food Service Office at 920-832-1719 or e-mail at foodservice@asds.k12.wi.us.

Return this form along with completed application to:

*Any Appleton Area School District school office

*Email a PDF to: foodservice@asds.k12.wi.us

*Mail to: Appleton Area School District
ATTN: Aramark Office
PO Box 2019
Appleton, WI 54912-2019

*Fax to: ATTN Aramark Office, 920-832-1737

*Drop application off at Aramark Food Service office at: 531 N. Morrison St., Appleton, WI 54911

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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