

1500 E. 128th Ave., Thornton, CO 80241
(720) 972-4000

Sharing Free and Reduced Price School Meal Information with School/District Programs For the 2018-2019 School Year

Dear Parent/Guardian:

If you received notification that your student(s) qualified for free or reduced price school meals, this information may be shared with the school/district for the purpose of waiving certain school/district program fees that you might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s) eligibility for school meals. Return this completed and signed form to: **the Office Manager/Bookkeeper at your student's school.**

- Yes! I **DO** want school officials to share information with the school/district for the purpose of waiving certain school/district program fees that you might otherwise be required to pay, from my student(s) account in the following categories such as: Enrollment, Courses, Field Trips, and Athletics/Activities.
- No! **DO NOT** share information with the school/district for the purpose of waiving certain school/district program fees that you might otherwise be required to pay, from my student(s) account in the following categories such as: Enrollment, Courses, Field Trips, and Athletics/Activities.

If any of your children are entering grades 9th-12th please check one of the boxes below.

- Yes! I **DO** want school officials to share information with the school/district for the purpose of **encouraging and assisting with post-graduation planning, scholarships, state and national testing (including SAT, ACT, Advanced Placement and International Baccalaureate), and post-secondary enrollment.**
- No! **DO NOT** share information with the school/district for the purpose of **encouraging and assisting with post-graduation planning, scholarships, state and national testing (including SAT, ACT, Advanced Placement and International Baccalaureate), and post-secondary enrollment.**

If you marked any or all of the boxes above, complete the section below to ensure that your information is shared for the child(ren) in your household. Your information will be shared only with the programs you checked.

Child's Name: _____ Student ID#: _____ School: _____

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Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information regarding school/district fees to be waived contact your school's Office Manager.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. 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. This institution is an equal opportunity provider.

***** For Office Use Only-Do not write in this area. *****

Reviewed and entered in IC by _____ Date _____

- Check box if form has siblings listed from other schools and scan to enrollment.center@adams12.org
(Hard Copies are sent to Records Management)