



SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

Date:

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.

The Department of Instruction requires that each fee is chosen by the parent/guardian. Please check the first box if you'd like all applicable fees waived dependent on the result of your free/reduced application or specify which fees you would like to have waived.

All

OR

High School Athletic Fees (Excluding Hockey, Bowling, Dance, and Cheerleading)

Middle School Athletic Fees

Nonathletic Activity Fees as listed in Policy JN-E, found on the District's website through BoardDocs

Student Fees as listed in Policy JN-E, found on the District's website through BoardDocs.

Middle School Solo-Ensemble Fee

If you check 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: _____

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 Eric Ekum at 608-328-7260 or e-mail at ericekum@monroe.k12.wi.us.

Return this form to: 925 16th Avenue, Suite 3. Monroe, WI 53566

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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.

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