

## SHARING INFORMATION WITH OTHER PROGRAMS

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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 **Lincoln High School Guidance Department. This will make me eligible for different opportunities: a Free SAT Waiver, a Free ACT Waiver, Free/Reduced AP Test, College Applications, etc.**
  
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Lincoln High School Guidance Department. This will make me eligible for different opportunities: A free ACT Waiver.**
  
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Lincoln High School Guidance Department. This will make me eligible for different opportunities: NCAA Clearinghouse waiver.**

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: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

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For more information, you may call Nicole Simone at 401-721-3316 or e-mail at [simonen@lincolnps.org](mailto:simonen@lincolnps.org).

Return this form to: **Lincoln Public Schools, Administration Offices, PO Box 367, Lincoln, RI 02865 by October 11, 2024.**