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 school based 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 **[name of program specific to your school].**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school].**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school].**

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:

For more information, you may call **Dr. Delroy Dennis at +1 (508) 857-5721 or e-mail ddennis@nhcsb.org.**
Return this form to:

New Heights Charter School of Brockton
1690 Main Street
Brockton, MA 02301
by September 30, 2026.