

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

Based on the information you gave on your Application for Free and Reduced Price School Meals, your child may qualify for other programs. 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! **IDO** want school officials to share information from my Application for Free and Reduced Price School Meals with **Skyline Athletics**

If you check "Yes" to the box above, please fill out form below. Your information will be shared only with the program 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 **Ms. Laurie Adams** at **734.994.7075** or email **adamsl@aaps.k12.mi.us**

Please return this form to: **Skyline Athletics, 2552 N. Maple Rd., Ann Arbor MI 48103**

USDA Nondiscrimination Statement

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at 202-720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information is available in languages other than English.

This institution is an equal opportunity provider.