

GREENVILLE CITY SCHOOLS

will be the leader in educational offerings, student performance and community involvement, and will maximize the potential of each and every student.

215 W. Fourth Street
Greenville, Ohio 45331
937-548-3185
Fax: 937-548-6943

**For Administrative Use
Only**

Assigned Number: _____

Date: _____

Free: _____

Not Free: _____

2024-2025 School Year

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 programs for which your children may qualify. We must have your permission to share your information.

Failure to return properly completed forms may result in non-wavier of school fees.

This form must be completed in order for fees to be waived if you qualify for the free lunch program.

Sending in this form will not change whether your children get free or reduced-price meals.

This waiver is for the current school year only.

NO! I DO NOT want information from my Free and Reduced-Priced School Meals application shared with any of these programs.

If you check **NO**, stop here. You do not have to complete or send in this form. Your information **will not be shared**.

YES! I DO want school officials to share information from my Free and Reduced-Priced School Meals application with the Superintendent's/Treasurer's offices for waiver of school fees. If you checked **YES** to the box, fill out the form below.

<u>PLEASE PRINT:</u>	Child's First Name	Child's Last Name	Grade:	For Administrative Use Only Amount Waived and Date
1.				
2.				
3.				
4.				
5.				

PRINT: Parent/Guardian Name: _____ Address: _____

Signature of Parent/Guardian _____ Date: _____

For more information, you may call your child's school office.
This institution is an equal opportunity provider.