



Tolland Public Schools  
Food & Nutrition Services

**2018-2019 SHARING INFORMATION WITH OTHER PROGRAMS**  
**THIS FORM IS FOR FAMILIES ELIGIBLE FOR FREE OR REDUCED PRICE MEAL BENEFITS**

Dear Parent/Guardian of students receiving meal benefits:

To save you time and effort, the information you submitted 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 this information **with either the School Principal or the Program Director of the specific program**. Please fill in form and sign below if you are interested in receiving available benefits. By signing, you are certifying that you are the parent/guardian of the child(ren) for whom the application is being made. **Note:** *Sending in this form will not change whether your children receive free or reduced price meals.*

No! I do **NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application for Tolland Public Schools Pay to Participate Fees (i.e. athletics, co-curricular activities)

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application for Tolland Public Schools Field Trips if applicable.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application for Birch Grove Primary School Pre-School Program.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application for Tolland Public Schools Family Resource Center.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application for Tolland Public Schools Band Instrument Loan Program (subject to availability).

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application for Tolland Public Schools High School SAT testing and/or college application fees.

*If you checked yes to any or all of the boxes above, complete the information below and sign the form. Your information will be shared only with the School Principal or Program Administrator and only for 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: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**For more information, you may call Abby Kassman-Harned, Director of Food Service at 860-870-6853 or email [aharned@tolland.k12.ct.us](mailto:aharned@tolland.k12.ct.us)**

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