

*Return completed form to Ms. Tiffany Thurman, PHS Cafeteria Manager, in person or through email at tiffany.thurman@cobbk12.org

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.**

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 with the **Guidance Counselor for SAT/ACT college testing waivers.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application to be eligible to enroll in Advanced Placement Testing Waivers

(Enter name of program/camp and contact person & phone number for the program/camp above.)

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Matthew Short, Assistant Principal

(Enter contact person and phone number.)

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you have indicated.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____



Return this form to: Cafeteria Manager at the school where your child attends.

(Office Use Only)

Student Status:

Free *

Reduced *

Full Pay * (Student DOES NOT qualify for Free and Reduced Lunches.)

Manager Signature

School

Date

*Notify the correct contact person for the program and let that person know the status. Then file this waiver for your records. **DO NOT GIVE THIS SIGNED FORM BACK TO THE STUDENT.**