Attachment L: 2023-24

Sharing Information with Other Programs - Optional

Dear Parent/Guardian:	
To save you time and effort, the information you gave on y Meals Application may be shared with other programs for	
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 Meals Application with O'Neill Public School Devergram.	
Yes! I DO want school officials to share information Meals Application with O'Neill Public School Juni program.	
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with O'Neill Public School Guidance Office for scholarship applications.	
Yes! I DO want school officials to share information Meals Application with O'Neill Public School Bac	
Yes! I DO want school officials to share information Meals Application with O'Neill Public School Sixp	
If you checked "yes" to any or all of the boxes above, complete the following form 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:
Signature of Parent/Guardian:	Date:
Printed Name:	
Address:	

For more information, you may call Chris Bosn at **402-336-3775** or email at **chrisbosn@oneillschools.org**.

Return this form to: PO Box 230 or 410 E Benton St., O'Neill, NE 68763