

## SHARING INFORMATION WITH OTHER PROGRAMS

(Fee Reduction Form)

Dear Parent/Guardian:

To save you time and effort, the information you provided 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 receive free or reduced price meals.**

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

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Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Driver Education Program**.

**If you checked yes to the box above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only the Driver Education Program.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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For more information, you may call **Eric Eaker** at **704.736.4242 ext.5** or e-mail at **eeaker@lincoln.k12.nc.us**.

Return this form to **your child's driver education instructor** by the end of the driver education classroom session.

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