

## SHARING INFORMATION WITH OTHER PROGRAMS

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### District's Holiday Gift Drive - Families Must Opt into the program

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 our Holiday Christmas Gift Drive, which, your children may qualify. For the following program, 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.

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**Yes! I DO.** If I qualify for Free or Reduced Meals, **IDO** want the Food Service Director to add my Family Name/Student Names (from my meal application) to the **District's Holiday Christmas GIFT Drive list.** (We will only provide family/student names/family address. We do not share income, signatures or other personal information) All other information is kept confidential.

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 with the programs you checked.

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

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

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

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

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

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

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

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For more information, you may call Mrs. Nicolle Bazant Pleil, Director 724-693-3019 or email [nbpleil@southfayette.org](mailto:nbpleil@southfayette.org) or drop off at any campus office in a sealed envelope marked: Attn: Food Service **Please return this form at your earliest convenience.**