

# 2016-17 SHARING INFORMATION WITH OTHER PROGRAMS

Dear ESUSD 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.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **AVID**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Education Foundation Summer Program**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **ESHS Administration for Advance Placement Testing Discounts**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with \_\_\_\_\_.

If you checked yes to any or all of the boxes 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: \_\_\_\_\_

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

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

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

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

X \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

For more information, you may call **Toni Lipscomb** at **310-615-1650 X1237** or e-mail at [tlipscomb@esud.k12.ca.us](mailto:tlipscomb@esud.k12.ca.us).

Return this form to: **El Segundo Unified School District, 641 Sheldon St., El Segundo, CA 90245**  
**Attn: Toni Lipscomb/Food Services**

<b>Office Use Only: Date Received at District Office</b> _____
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