Sharing Information with Other Programs

Dear Parent/Guardian:

Return this form to: 33 Chace Avenue, Pepperell, MA 01463.

To save you time and effort, the information you gave on your Free other programs for which your children may qualify. For the follo information. Sending in this form will not change whether your children will not change will not change will not change will no	
Yes! I DO want school officials to share information from NMRSD Athletic Programs.	n my Free and Reduced Price School Meals Application with
Yes! I DO want school officials to share information from NMRSD Field Trips	m my Free and Reduced Price School Meals Application with
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with After School Enrichment Programs (CLASP) in NMRSD.	
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:
Signature of Parent/Guardian:	Date:
Printed Name:	
Address:	
For more information, you may call Michelle Nee at 978-433-011	4 or e-mail at mnee@nmrsd.org.

