

SHARING INFORMATION WITH OTHER PROGRAMS

Dear AF Amistad Parent/Guardian,

To save you time and effort, the information you gave on your Free and Reduced Price School Meals/Milk 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. Please sign for those additional benefits below if you are interested in receiving them. By signing for the benefits, you are certifying that you are the parent/guardian of the child(ren) for whom the application is being made. **Note: Sending in this form will not change whether your children get free or reduced price meals or free milk. All AFAHS scholars receive free meals regardless of free/reduced/paid status.**

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

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals/Milk Application with **College Board for college readiness related services (i.e. SAT exam fee waiver, AP testing fee waivers etc.)**

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals/Milk Application with **UCONN Early College Experience program to waive/reduce possible course related costs.**

If you checked yes to any or all of the boxes above, complete the information below and sign the form. Your information will be shared only with the persons and applicable programs you checked.

Child's Name: _____ School: AF Amistad High School

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Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

For more information, you may call Mariela Abreu at 203.772.1092 x13620. Return this form to: AF Amistad High School.

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