Rr Dear Parent/Guardian:

The information you give on your annual Free and Reduced-Price School Milk/Meals Application may be shared with other programs for which your child/children may qualify ***if it is determined you qualify for the Free or Reduced-Price Program***. In order to qualify for additional district program cost reductions, such as school fees, we must have permission to share your information.

☐   **YES, I DO** want school officials to share information from my Free and Reduced-Price School Milk/Meals Application with one or more of the following programs:

         ★Goldwood Primary School General Fees   ★Rocky River Middle School General & Course Fees
         ★Kensington Intermediate School General Fees   ★Rocky River High School General & Course Fees

☐   **NO, I DO NOT** want information from my Free and Reduced-Price School Milk/Meals application shared with any of the programs listed above.

⬛ *If you checked NO, stop here. You do not have to complete any more of this form. Your information will not be shared. **Please sign at the bottom and RETURN THIS FORM with your Free and Reduced-Price Milk/Meals Application.***

If you checked YES above, please fill out the form below. Your information will be shared only with the programs you check.

_____   _____
            Printed Name of Child   Grade

    ☐ Goldwood General Fees   ☐ RR Middle School General and Course Fees
    ☐ Kensington General Fees   ☐ RR High School General and Course Fees

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_____   _____
            Printed Name of Child   Grade

    ☐ Goldwood General Fees   ☐ RR Middle School General and Course Fees
    ☐ Kensington General Fees   ☐ RR High School General and Course Fees

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_____   _____
            Printed Name of Child   Grade

    ☐ Goldwood General Fees   ☐ RR Middle School General and Course Fees
    ☐ Kensington General Fees   ☐ RR High School General and Course Fees

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_____   _____
            Printed Name of Child   Grade

    ☐ Goldwood General Fees   ☐ RR Middle School General and Course Fees
    ☐ Kensington General Fees   ☐ RR High School General and Course Fees

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_____   _____
Signature of Parent/Guardian   Date

_____   _____
Printed Name of Parent/Guardian   Address

Return this form with your Free and Reduced-Price School Milk/Meals Application to a school office.
For more information, please contact Greg Markus, Treasurer and CFO, at (440) 356-6000.

Food Service Use Only:
Program Qualification: ☐Free ☐Reduced ☐D/C
Date:_____ Initials:___

C/O Office Use Only:
DASL: ☐   Info Snap: ☐
Date:_____ Initials: _____

Revised 6/01/2015