



NORTH SALEM

Central School District
230 June Road
North Salem, NY 10560

2024-2025

SHARING INFORMATION WITH OTHER PROGRAMS CONSENT FORM

Dear Parent/Guardian,

If your child is eligible for free and reduced price meals, he/she may also be eligible for other benefits. In order to receive these benefits, you must provide written consent to permit school officials to give your name, address, and an indication that your household is eligible for free and reduced price meals to representatives of certain programs.

This form must be returned to: **Darleen Sherr
North Salem CSD
230 June Road
North Salem, NY 10560.**

No, I do NOT want information from my families Free and Reduced Price School Meals Application shared with any other programs.

Yes, I DO want information from my families Free and Reduced Price School Meals Application shared with the **North Salem CSD Staff** for Field Trips that the PTO will subsidize. **Your name and information will not be shared with members of the PTO.**

Yes, I DO want information from my families Free and Reduced Price School Meals Application shared with **North Salem High School Guidance Office** for exam fee waiver or reductions.

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 checked.

Child's Name: _____ Grade: _____

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Child's Name: _____ Grade: _____

Signature of Parent/Guardian: _____

Printed Name: _____

Address: _____

Date: _____

For more information, you may call Darleen Sherr, District Treasurer at 914-669-5414 xt 1014

Note: Sending in this form will not change whether your children receive free or reduced price meals. Not sending in this form will prohibit us from sharing your information with anyone and your child will not be eligible for additional benefits.