



SHARING INFORMATION WITH OTHER PROGRAMS 2024-2025

Dear Parent/Guardian:

Date:

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 MJSD personnel regarding my child(ren's) **General Fees.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with MJSD personnel regarding my child(ren's) **Athletic/Activity Fees (6-12).**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with MJSD personnel regarding my child(ren's) **Instrument Rental (4-12).**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with MJSD personnel regarding my child(ren's) **Course Fees (9-12).**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with MJSD personnel regarding my child(ren's) **Neenah/Menasha Emergency Society for school supplies (4K-12).**

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: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Brooke Mader** at (920) 967-1408 or e-mail at **MaderB@mjsd.k12.wi.us**

Return this form to:

*Any Menasha Joint School District Office

*Email a PDF to: MaderB@mjsd.k12.wi.us

*Mail to: Menasha Joint School District
ATTN: Enrollment Services
100 Main Street
Menasha, WI 54952

*Fax to: ATTN Enrollment Services, (920) 967-1407

*Drop application off in the Menasha Joint School District dropbox at:
100 Main St, Menasha 54952

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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