

GREEN BAY AREA PUBLIC SCHOOLS
SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free 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 meals.

Yes! I DO want school officials to share information from my Free School Meals Application with Green Bay Area Public School personnel for possible waiver of General school fee, for the current and prior school years.

Yes! I DO want school officials to share information from my Free School Meals Application with Green Bay Area Public School personnel for possible waiver of Musical instrument rental fee, for the current and prior school years.

Yes! I DO want school officials to share information from my Free School Meals Application with Green Bay Area Public School personnel for possible waiver of Commencement ceremony fee, for the current and prior school years.

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: _____ Student ID: _____

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Child's Name: _____ School: _____ Student ID: _____

Child's Name: _____ School: _____ Student ID: _____

Date: _____

Signature of Parent/Guardian: _____

Printed Name: _____

Address: _____

City _____ State/Zip: _____

**Return this form to one of your student's schools or to Green Bay Area Public Schools,
Accounting Dept., 200 S. Broadway, Green Bay, WI 54303 or Fax: 920-448-3596**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.
7/13/2022