



CCSC FOOD SERVICES DEPARTMENT

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**SHARING INFORMATION WITH OTHER PROGRAMS**

Dear Parent/Guardian:

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. Please make sure you sign the form below if “yes” to any of these programs.**

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

**If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Field Trip/Exam Fee Waiver Program.\***

\*From time to time, CCSC +/- or its teachers may have programs available to cover field trip or exam fees for students that qualify for Free/Reduced Price Meals.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Clarksville Cares.\*\***

\*\*The purpose of Clarksville Cares is quite simple-To serve & care for all needs of CCSC children, specifically those who would otherwise go without. Clarksville Cares donations will be used to serve students throughout the year, not just during the holidays.

**If you checked yes to any of the boxes above, fill out the rest of this form. 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: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

