

MCFARLAND SCHOOL DISTRICT SHARING INFORMATION WITH OTHERS PROGRAM 2023-2024

Dear Parent/Guardian:

To save you time and effort, the information you give 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.

No: I DO NOT want information from my Free and Reduced Meal Application / Direct Certification shared with any programs.

YES: To all listed below

OR (individually indicate below.)

Yes: I DO want to share information from my Free and Reduced Price School Meals Application / Direct Certification with McFarland School District Administration for purposes of:

- School fees, textbooks fees, and field trip waiver or reduction.
- Summer School Program.
- McFarland School District Athletic Department.
- McFarland Community Recreation and Aquatics Programs.
- Assistance with school supplies and holiday assistance.
- Testing fee waivers, course fee waivers as well as scholarship eligibility and college admissions fees.
- Appropriate Gifted programming opportunities during the school year and the summer months.

Please 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: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, call School Nutrition at 838-4549

Return this form to McFarland School Nutrition: 5103 Farwell St, McFarland WI. 53558

USDA Nondiscrimination Statement Update

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.