

## SHARING INFORMATION WITH OTHER PROGRAMS

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Dear Parent/Guardian:

Date: July 1, 2024

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.

***This signed waiver form must be received within thirty (30) days of the date of qualification of free or reduced priced meals in order for fees to be waived. The qualification date is the date on the letter that you should have received stating your children receive free or reduced priced meals. If you are unsure of your children's qualification date, please contact us.***

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Yes! I **DO** want school officials to share information from the Free and Reduced Price School Meals Application with the District Office and Grade-Level Offices exclusively for purposes of waiving the following items:

- Material Fees:

Half-Day Early Childhood	\$15
Grades 4K-5	\$25
Grades 6-8	\$35
Grades 9-12	\$40

- Co-Curricular/Athletic Participation Fees

Grades 6-8	\$30/Student/Year
Grades 9-12	\$30/Activity
Grades 6-12	\$70/Year Maximum

- Miscellaneous Fees

Instrument Rental	\$40/Year
Band Book – Grades 5-6	\$15/Year
Art Supply Fee - Grades 9-12	\$15/Class/Semester
Pottery Fee – Grades 9-12	\$25/Class/Semester
Technology Education Fee	\$10/Class/Semester
Woods/Metals Fee	\$25/Class/Semester

No! I **DO NOT** want school official to share information from the Free and Reduced Price School Meals Application.

If you checked the “yes” box 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

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Grade

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Child's Name

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Grade

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Child's Name

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Grade

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Parent/Guardian Signature

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Date

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Print Parent/Guardian Name

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Address

For more information, you may call Kimi Pasewald at 920-386-4404 ext. 1001 or e-mail at [pasewald@dodgeland.k12.wi.us](mailto:pasewald@dodgeland.k12.wi.us)

Return this form to: 401 South Western Avenue, Juneau, WI 53039 as soon as possible.

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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](mailto:program.intake@usda.gov)

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