

**Monte Vista School District
2010-2011 INFORMATION RELEASE**

Dear Parent/Guardian:

With your permission, 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 program, 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 Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete 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 **Monte Vista Kids' Club**

If you checked yes to the box above, fill out the information below. Your information will be shared only with the Monte Vista Kids' Club.

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 Mary Vigil, at 719-852-5996.

Return this form to:

**Mary Vigil
Monte Vista Schools
345 East Prospect Avenue
Monte Vista, CO 81144**