



FAIRFAX COUNTY
PUBLIC SCHOOLS

Karen K. Garza, Superintendent
8115 Gatehouse Road
Falls Church, Virginia 22042

August 2014

Dear Parent/Guardian:

If you have children eligible for the federal Free and Reduced-Price Meals program, they may also be eligible to participate in other Fairfax County Public Schools (FCPS) fee-based programs without paying a fee or by paying a reduced fee. You are also eligible to receive information about scholarships, classes, and services that are provided by agencies and organizations other than FCPS.

If you want your children to participate in FCPS fee-based programs on a free or reduced fee basis and receive information about other benefits for your children, you must provide written agreement allowing FCPS staff to share information about your children's meal eligibility status.

If you agree to share this information, we will disclose only whether you are eligible for free or reduced-price meals and disclose only to your children's school principal, school counselors, and other FCPS program staff involved in these activities. Information received by FCPS staff will only be used for the purposes described in this letter and will not be shared with anyone else, either within or outside FCPS.

Please complete your children's information and check (✓) the appropriate boxes on the back of this letter. Your agreement to share this is completely voluntary. Declining to share your children's eligibility information with other FCPS programs will not affect their eligibility for free and reduced-price meals.

Please return this form in the pre-addressed envelope with your application to: Fairfax County Public Schools, Office of Food and Nutrition Services, 6840 Industrial Road Springfield VA 22151-9922.

Sincerely,

Karen K. Garza, Ph.D.
Superintendent of Schools

KKG/bz

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Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish).

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**FAIRFAX COUNTY PUBLIC SCHOOLS
 CONSENT TO SHARE INFORMATION FOR BENEFITS FOR OTHER PROGRAMS
 2014-2015**

Student's School ID	Student Name	School Name
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____

Please check (✓) the box or boxes that apply.

If I want my children to receive **ALL ELIGIBLE BENEFITS**, I will check (✓) the box in the left-hand column below. If I want my children's information shared with only specific programs, I will check (✓) only the box or boxes from the right-hand column that describe the programs. I understand that not all benefits and programs described below will be available to students at every school and at every grade level.

All Eligible Benefits

OR

Specific Programs

- Student Fees:**
 - Athletic Uniforms and Equipment Fees
 - Field Trip Fees
 - Participation Fees for various activities (e.g., music camp)
 - Student Parking Fees
- Classroom Fees:**
 - Musical Instrument Fees
 - Supplemental Class Material
 - Equipment Fees (e.g., calculators)
- Assistance to Students:**
 - Information about Holiday Assistance
 - Information about non-FCPS scholarships, classes, and other non-FCPS educational-related services
 - Information on available assistance
- Test/Application Fees:**
 - ACT/SAT Fees
 - Application Fees (e.g., TJHSST application, college applications)

No DO NOT want my children's eligibility status in the federal Free and Reduced-Meals program shared with the programs listed above.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____