



August 2010

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 FCPS fee-based programs (such as sports or AP testing) without paying a fee, or by paying a reduced fee. In addition, FCPS will provide you with information about scholarships, classes, and services, for which your family may be eligible.

For your children to participate or receive information about benefits on a free or reduced fee basis, you must provide written agreement allowing FCPS staff to share information about your children's meal eligibility status.

If you agree to the share this information, we will disclose only whether you are eligible for free or reduced price meals and only to FCPS school counselors and other program staff. 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.

Complete your children's information in the area provided below and check (✓) the boxes on the back of this form to allow us to share your child's eligibility information. Disclosure, on the back of this form, of information relating to the benefits you want your child/children to receive is completely voluntary. Declining to share your child's/children's eligibility information with other FCPS programs will not affect their eligibility for free and reduced price meals.

**FAIRFAX COUNTY PUBLIC SCHOOLS CONSENT TO SHARE INFORMATION
FOR BENEFITS FOR OTHER PROGRAMS
2010-2011**

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

I consent for school officials to share my child's/children's eligibility status in the federal Free and Reduced-Price Meals program with FCPS staff for the following benefits, so that my child can participate for free or at a reduced fee. To receive all eligible benefits check (✓) the **ALL ELIGIBLE BENEFITS** box or select individual benefits you want your child/children to receive.

All eligible benefits

Activity Fees:

Field Trip Fees
Participation Fees for various activities (e.g., music camp)
School Events Fees (e.g., prom/dance tickets)
Student Parking Fees

Athletic Fees:

Athletic Administration Fees
Athletic Uniforms and Equipment Fees

Class Equipment Fees:

Musical Instrument Fees
Supplemental Class Material/Equipment Fees (e.g., calculators)

Information:

Information about Holiday Assistance (if applicable)
Information about non-FCPS scholarships, classes, and other non-FCPS educational-related services

Test/Application Fees:

Advanced Placement (AP) Test Fees
International Baccalaureate (IB) Test Fees
SAT Fees
Application Fees (e.g., TJHSST application, college applications)

Other

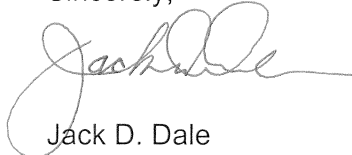
No **DO NOT** want my child's/children's eligibility status in the federal Free and Reduced-Meals program shared with the programs listed above.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

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,



Jack D. Dale
Superintendent of Schools

JDD/mc

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