

# 2024-25

## SHARING INFORMATION WITH OTHER PROGRAMS

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Dear Parent/Guardian:

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 at Arrowhead High School. 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. **You must complete this form each year you wish to qualify for reduced fees.**

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**Yes! I DO** want Arrowhead High School to share information from my Free and Reduced-Price School Meals Application to determine eligibility for the following opportunities at Arrowhead High School (**check all programs that you would like to share your information with**);

- Free or Reduced Book Fees
- Athletic Fee
- Applicable Classroom Fees
- Technology Program
- Title I Grant Opportunities

If you checked yes to any of the boxes 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.**

Arrowhead High School Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Arrowhead High School Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Arrowhead High School Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

For more information, contact: Kate McGraw at 262-369-3611 Ext. 4110 or mcgraw@arrowheadschoools.org.

Return this form to: **Arrowhead High School District Office**  
**Attn: Kate McGraw**  
**700 North Avenue**  
**Hartland, WI 53029**

This institution is an equal opportunity provider.