



ATHLETIC DEPARTMENT
Financial Assistance Form

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. **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.**

_____ **Yes!** I DO want school officials to share information from my Free and Reduced Price School Meals Application with **Utica Community Schools Athletic Department.**

_____ **NO!** I DO NOT want information from my Free and Reduced Price School Meals Application shared.

If you checked yes, please fill out the form below. Your information will be shared only with the Utica Community Schools Athletic Department.

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 call Sharon Reinhold @ 586-797-1078
Return to school of student's participation.