

1500 E. 128<sup>th</sup> Ave., Thornton, CO 80241  
(720) 972-4000

## Sharing Information with School/District Programs For the 2018-2019 School Year

Dear Parent/Guardian:

To save you time and effort, the information you provided on your Family Economic Data Survey can be shared with other departments within the district. We must have your permission to share your information. Return this completed and signed form to: **the Office Manager/Bookkeeper at your student's school.**

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- Yes! I **DO** want school officials to share information with the school/district for the purpose of waiving certain school/district program fees that you might otherwise be required to pay, from my student(s) account in the following categories such as: Enrollment, Courses, Field Trips, and Athletics/Activities.
  - No! **DO NOT** share information with the school/district for the purpose of waiving certain school/district program fees that you might otherwise be required to pay, from my student(s) account in the following categories such as: Enrollment, Courses, Field Trips, and Athletics/Activities.

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**If any of your children are entering grades 9<sup>th</sup>-12<sup>th</sup> please check one of the boxes below.**

- Yes! I **DO** want school officials to share information with the school/district for the purpose of **encouraging and assisting with post-graduation planning, scholarships, state and national testing (including SAT, ACT, Advanced Placement and International Baccalaureate), and post-secondary enrollment.**
- No! **DO NOT** share information with the school/district for the purpose of **encouraging and assisting with post-graduation planning, scholarships, state and national testing (including SAT, ACT, Advanced Placement and International Baccalaureate), and post-secondary enrollment.**

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If you marked any or all of the boxes above, complete the section below to ensure that your information is shared for the child(ren) in your household. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ School: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ School: \_\_\_\_\_

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

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

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

**For more information regarding school/district fees to be waived contact your school's Office Manager.**

**Non-discrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights; 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

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\*\*\*\*\* For Office Use Only-Do not write in this area. \*\*\*\*\*

Reviewed and entered in IC by \_\_\_\_\_ Date \_\_\_\_\_

- Check box if form has siblings listed from other schools and scan to [enrollment.center@adams12.org](mailto:enrollment.center@adams12.org)  
(Hard Copies are sent to Records Management)