



FAIRFAX COUNTY
PUBLIC SCHOOLS

Karen K. Garza, Superintendent

8115 Gatehouse Road
Falls Church, Virginia 22042

August 2016

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/mz

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: 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.

This institution is an equal opportunity provider.

**FAIRFAX COUNTY PUBLIC SCHOOLS
 CONSENT TO SHARE INFORMATION FOR BENEFITS FOR OTHER PROGRAMS
 2016-2017**

	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
 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: _____