



Sleepy Eye Public Schools

400 4th Avenue SW
(507) 794-7903 Fax (507) 794-5404
Sleepy Eye, MN 56085

John Cselovszki, Superintendent
Shane Laffen, High School Principal
John Cselovszki, Supt, Elem.Principal
Amanda Boomgarden Finance Director

INDEPENDENT SCHOOL DISTRICT 84 MISSION STATEMENT:

Provide engaging and individualized educational Opportunities to diverse learners for their growth and success.

WAIVER OF CONFIDENTIALITY Sharing Information with Other Programs

Dear Parent/Guardian:

July 1, 2023

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. 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.

- ☐ Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with **athletic dept.** for the purpose of a reduction in my child's sports fee.
- ☐ Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with the **school counseling dept.** for the purpose of reduction in any testing fees or grant application fees that may arise.
- ☐ Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with the **fine arts dept.** including **music dept.** for the purpose of reduction in my child's fee

If you checked yes to any or all 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.

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, you may call Pam Wendt at 507 794-7903 ext. 1126 or email at pam.wendt@sleepyeye.mntm.org

Return this form to the Sleepy Eye Public School prior to the date determined by the coach for fee collection.

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) 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.