

# PAWLING CENTRAL SCHOOL DISTRICT

William M. Ward, Ed. D.  
Superintendent of Schools



Neysa T. Sensenig, Ed.D.  
Assistant Superintendent for Finance

Kim Fontana  
Assistant Superintendent for Instruction

Small Size ~ Diverse Opportunities

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August 3, 2017

Dear Parent or Guardian:

If your child is eligible for free and reduced price meals, he/she also may be eligible for other benefits. In order to receive these benefits, you must provide written consent to permit school officials to give your name, address, and an indication that your household is eligible for free and reduced price meals or free milk, to representatives of certain programs. Failure to sign consent statement that will allow disclosure of this information will not affect your child's eligibility or participation in the school meals program.

Some of the programs that may request names and eligibility information to be used to provide benefits, and for which parent/guardian consent is required, include school education programs and community organizations. For example, the disclosure of children's eligibility for free and reduced price meals will be used to obtain free band instruments and might be used by other programs in the future, such as reduced fees for school trips and other costs that families typically bear.

If you wish to provide consent to release information contained in your child's free and reduced price meal application, in order to receive other benefits, please complete the attached consent statement and return it to Mrs. Jan Traynor-Hack, Director of Food Service and Wellness. If you have any questions, she can be reached at 845-855-4627.

Sincerely,

A handwritten signature in blue ink that reads "Neysa T. Sensenig".

Neysa Sensenig, Ed. D.

NS

Enclosure

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## CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY INFORMATION

School officials may release information that shows my child/children are eligible for free or reduced price meals to the following programs. I understand that the information will only be provided to the program(s) checked.

Check the box next to the program area to which you wish to release information

- School or District-based programs that provide free band instruments, school supplies, books, other materials, or educational excursions
- Community partners, service organizations or donors who may wish to provide gift baskets, clothing, or other materials

I understand that I will be releasing information that will show that my child/children are eligible for free and reduced price meals. I give consent to release my confidential information for the above named uses only. I understand that my consent shall remain in effect unless or until withdrawn by me by contacting the District in writing.

Child/Children (please provide their full names):

I certify that I am the child's parent or guardian for whom the application was made.

Signature of Parent or Guardian \_\_\_\_\_

Print Name \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE RETURN FORM TO:

**Pawling Central School District – Food Service Department**  
**Jan Traynor-Hack – Director of Food Service & Wellness**  
**80 Wagner Road**  
**Pawling, New York 12564**