



CHIPPEWA FALLS
AREA UNIFIED SCHOOL DISTRICT

District Office
1130 Miles Street
Chippewa Falls, WI 54729-1998

PERMISSION TO SHARE INFORMATION WITH OTHER PROGRAMS 2025/2026

Dear 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 within our district for which your children may qualify for either a fee waiver or fee reduction for the programs listed below, we must have your permission to share your child(ren)'s meal eligibility information internally. Sending in this form will not change whether your children get free or reduced price meals, however you may be charged full price if your child(ren) participate in these optional programs. Your child(ren)'s eligibility cannot be shared with these programs without your consent.

Yes! I DO want school officials to share my child(ren)'s meal benefit eligibility information with the following programs at the Elementary Schools (select any or all of the following):

- ☐ Milk (for 3 year old Early Childhood program only)
- ☐ University of Wisconsin Eau Claire Summer Institute Youth Program
- ☐ Elementary Explorers program
- ☐ Elementary Enrichment programs

Yes! I DO want school officials to share my child(ren)'s meal benefit eligibility information with the following programs at the Chippewa Falls Middle School (select any or all of the following):

- ☐ Middle School Voyagers program
- ☐ Middle School Athletic programs
- ☐ Middle School Enrichment programs

Yes! I DO want school officials to share my child(ren)'s meal benefit eligibility information with the following programs at the Chippewa Falls Senior High School (select any or all of the following):

- ☐ High School Testing
- ☐ High School Athletic and Academic Activity programs
- ☐ High School Enrichment programs

If you checked any of the boxes above, complete the section below to ensure that your information is handled according to your desires for each of the child(ren) listed below. Your information will be shared only with the programs you checked. Please note that our Food Service staff does need to be aware of your eligibility to ensure your children are properly served breakfast and lunch.

Child's Name: _____ School: _____
Child's Name: _____ School: _____
Child's Name: _____ School: _____
Child's Name: _____ School: _____

Signature of Parent/Guardian _____ Date: _____

Printed Name: _____

Address: _____

Return this form to: CFAUSD, Attn: Lunch Accounts, 1130 Miles St, Chippewa Falls, WI 54729. **For more information:** contact Kirsten Nesja at (715) 726-2581 or nesjaki@chipfalls.org.