FY 25-26 Sharing Information with Other Programs

Dear Parent/Guardian:

East Bridgewater Public Schools is pleased to announce our participation in the Community Eligibility Provision (CEP) of the National School Lunch Program. While all of our students have access to breakfast and lunch at no cost, this special provision means that families are no longer required to complete a meal benefit application.

Students that are Directly Certified for free or reduced-price school meals may also be eligible for other school based programs for which your children may qualify. Direct Certification establishes eligibility for free School meals without a school meal application. Direct Certification is the process under which LEAs certify children who are members of households receiving assistance from SNAP, TANF/TAFDC or FDPIR, as eligible for free meals without further application.

For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children receive free meals.

- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced CEP Notice of Direct Certification with the **TRANSPORTATION DEPARTMENT.**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced CEP Notice of Direct Certification with the **ATHLETIC DEPARTMENT.**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced CEP Notice of Direct Certification with the **GUIDANCE DEPARTMENT**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced CEP Notice of Direct Certification with the **MUSIC DEPARTMENT.**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced CEP Notice of Direct Certification with the **BEFORE & AFTER PROGRAM**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced CEP Notice of Direct Certification with the **OTHER: List name_____.**

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: _____ Grade_____

Child's Name: _____School: _____ Grade_____

Child's Name: _____School: _____ Grade_____

Child's Name: _____School: _____ Grade_____

Signature of Parent/Guardian: _____Date: _____

Printed Name: _____

Address: _____

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For more information, please contact **Ms. Deborah Vaughn @** dvaughn@ebps.net
Return this form to: **E. Bridgewater Jr. Sr. High School, ATT: Food Service Department, 143 Plymouth Street, E. Bridgewater, MA 02333**