



**School Way Café's Mission**

We are committed to nurturing the hearts and minds of our students by serving healthy meals and providing exceptional customer service.



**PERMISSION TO SHARE MEAL ELIGIBILITY WITH ACADEMIC PROGRAMS**

Dear Parent/Guardian:

Your child(ren) may qualify for academic programs, scholarships, and other benefits based on your school meal eligibility. To save you time and effort in the future, you may complete and return this form that allows us to share your school meal eligibility with the programs listed. Submitting this form is voluntary and will not affect your child(ren) receiving free or reduced-price meals. Please note: this form is only valid for this school year.

- Yes! I **DO** want school officials to share information about my Free and Reduced-Price School Meal Status with **Extended Day Enrichment Program (EDEP)**.
- Yes! I **DO** want school officials to share information about my Free and Reduced-Price School Meal Status with **Exceptional Student Education**.
- Yes! I **DO** want school officials to share information about my Free and Reduced-Price School Meal Status with the **Futures Foundation for Volusia County Schools**.
- Yes! I **DO** want school officials to share information about my Free and Reduced-Price School Meal Status with **School Counselors**.
- Yes! I **DO** want school officials to share information about my Free and Reduced-Price School Meal Status with **The Parent Liaison**.

Your eligibility information will be shared only with the programs you checked for the child(ren) listed below.

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 contact School Way Café at 386-734-7190 Ext. 50832 or email [SWCFreeReducedMealApp@groups.volusia.k12.fl.us](mailto:SWCFreeReducedMealApp@groups.volusia.k12.fl.us) with any questions.

**Submit your completed form to the EN Clerk at your child's school.**

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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 mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

Washington, D.C. 20250-9410; OR fax: (202) 690-7442; OR email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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