



**ATHLETIC DEPARTMENT**  
***Financial Assistance Form***

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. **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.**

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\_\_\_\_\_ **Yes!** I DO want school officials to share information from my Free and Reduced Price School Meals Application with **Utica Community Schools Athletic Department.**

\_\_\_\_\_ **NO!** I DO NOT want information from my Free and Reduced Price School Meals Application shared.

**If you checked yes, please fill out the form below. Your information will be shared only with the Utica Community Schools Athletic Department.**

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 call Sharon Reinhold @ 586-797-1078  
Return to school of student's participation.