



FAIRFAX COUNTY  
PUBLIC SCHOOLS

Karen K. Garza, Superintendent  
8115 Gatehouse Road  
Falls Church, Virginia 22042

August 2014

Dear Parent/Guardian:

If you have children eligible for the federal Free and Reduced-Price Meals program, they may also be eligible to participate in other Fairfax County Public Schools (FCPS) fee-based programs without paying a fee or by paying a reduced fee. You are also eligible to receive information about scholarships, classes, and services that are provided by agencies and organizations other than FCPS.

If you want your children to participate in FCPS fee-based programs on a free or reduced fee basis and receive information about other benefits for your children, you must provide written agreement allowing FCPS staff to share information about your children's meal eligibility status.

If you agree to share this information, we will disclose only whether you are eligible for free or reduced-price meals and disclose only to your children's school principal, school counselors, and other FCPS program staff involved in these activities. Information received by FCPS staff will only be used for the purposes described in this letter and will not be shared with anyone else, either within or outside FCPS.

Please complete your children's information and check (✓) the appropriate boxes on the back of this letter. Your agreement to share this is completely voluntary. Declining to share your children's eligibility information with other FCPS programs will not affect their eligibility for free and reduced-price meals.

**Please return this form in the pre-addressed envelope with your application to: Fairfax County Public Schools, Office of Food and Nutrition Services, 6840 Industrial Road Springfield VA 22151-9922.**

Sincerely,

Karen K. Garza, Ph.D.  
Superintendent of Schools

KKG/bz

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a civil rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442, or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

**FAIRFAX COUNTY PUBLIC SCHOOLS  
 CONSENT TO SHARE INFORMATION FOR BENEFITS FOR OTHER PROGRAMS  
 2014-2015**

	Student's School ID	Student Name	School Name
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____

Please check (✓) the box or boxes that apply.

If I want my children to receive **ALL ELIGIBLE BENEFITS**, I will check (✓) the box in the left-hand column below. If I want my children's information shared with only specific programs, I will check (✓) only the box or boxes from the right-hand column that describe the programs. I understand that not all benefits and programs described below will be available to students at every school and at every grade level.

**All Eligible Benefits**

**OR**

**Specific Programs**

**Student Fees:**

Athletic Uniforms and Equipment Fees

Field Trip Fees

Participation Fees for various activities (e.g., music camp)

Student Parking Fees

**Classroom Fees:**

Musical Instrument Fees

Supplemental Class Material

Equipment Fees (e.g., calculators)

**Assistance to Students:**

Information about Holiday Assistance

Information about non-FCPS scholarships, classes, and other non-FCPS educational-related services

Information on available assistance

**Test/Application Fees:**

ACT/SAT Fees

Application Fees (e.g., TJHSST application, college applications)

No **DO NOT** want my children's eligibility status in the federal Free and Reduced-Meals program shared with the programs listed above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_