

May 2025

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.

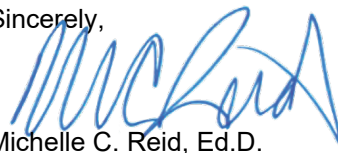
If you want your children to participate in FCPS fee-based programs on a free or reduced fee basis and receive information about other benefits for your children, you must provide written agreement allowing FCPS staff to share information about your children's meal eligibility status.

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. As per Federal and State regulations, we shall not disclose any personally identifiable information outside of FCPS. In addition, the FCPS Trust Policy ensures that FCPS students and families can access FCPS benefits and services without fear that information will be disclosed to federal immigration officials. For additional information visit www.fcps.edu/trustpolicy.

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 to: Fairfax County Public Schools, Office of Food and Nutrition Services, 6840 Industrial Road Springfield VA 22151-9922 or email to fcpsmealsaps@fcps.edu.

Sincerely,

Michelle C. Reid, Ed.D.
Division Superintendent

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington,
D.C. 20250-9410; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
program.intake@usda.gov

This institution is an equal opportunity provider.

**FAIRFAX COUNTY PUBLIC SCHOOLS
CONSENT TO SHARE INFORMATION FOR BENEFITS FOR OTHER PROGRAMS
2025-2026**

	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 per Regulation and Notice 5922**

☐ **Assistance to Students:**
Information about non-FCPS scholarships, classes, and other
non-FCPS educational-related services
Information on available assistance

☐ No, **I 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: _____