



## School District of Milton

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Dear Parents and/or Guardians, School Year **23-24**

Your Free and Reduced-Price School Meals Application and eligibility is currently not shared outside of the Milton Nutrition Team. Your child may qualify for other resources in the district; however, we must have your permission to share your free and reduced eligibility. Sending in this form will not change whether your children receive free or reduced-price meals. Your permission may allow us to access additional resources to support your child(ren).

YES - I DO want school officials to share information from my Free and Reduced-Price School Meals Application with School District of Milton Administration for purposes indicated below (check all that apply):

Book and Subscription Fee

Sports User Fees (Grades 7-12).

Yearbook Purchase (Grades 4-12). **Deadline for yearbook waiver is December 1st.**

Course Fees (Grades 9-12).

Athletic Pass (Grades 9-12).

iPad/Laptop Insurance

Summer School Course Fees

District buy a seat Transportation Program **Deadline for waiver is January 31st**

If you checked yes to any of boxes above, please fill out the form below to ensure your information is shared for each child. Your information will be shared only with the programs you have checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

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

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

Address: \_\_\_\_\_



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For more information, you may call Amber Pullara at (608)868-9300, Ext. 1016 [pullaraa@milton.k12.wi.us](mailto:pullaraa@milton.k12.wi.us), or Michael Gosdeck at (608)868-9300, Ext. 1017 [gosdeckm@milton.k12.wi.us](mailto:gosdeckm@milton.k12.wi.us). Return this form to: Milton Nutrition Team, Attn: Michael Gosdeck 114 West High Street, Milton, WI 53563. **A NEW WAIVER FORM IS REQUIRED EACH SCHOOL YEAR.**

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, audiotape, 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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



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