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Dear Parent/Guardian:		
To save you time and effort, the inform Application may be shared with other programs, we must have your permissi whether your children get free or redu	orograms for which your children ron to share your information. Sen	may qualify. For the following
	share information from my Free and the street and t	
Youth Enrichment Coordinator	share information from my Free and ducation programs for Alexandria r, Compass Care Coordinator and ircle all that apply.	Public School District.
	share information from my Free a	riters, Special Education office
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If you checked yes to any or all of the binformation is shared for the child(ren) programs you checked.  Child's Name:	listed below. Your information wi	w to ensure that your ill be shared only with the
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If you checked yes to any or all of the b information is shared for the child(ren) programs you checked.  Child's Name:  Child's Name:  Child's Name:  Child's Name:  Signature of Parent/Guardian:	School: School: School: School: School: School:	w to ensure that your ill be shared only with the
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