NOTICE OF NONDISCRIMINATION. It is the policy of L’Anse Creuse Public Schools not to discriminate on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to: Civil Rights Coordinator, Assistant Superintendent for Human Resources, L’Anse Creuse Public Schools Administration, 24076 F.V. Pankow Boulevard, Clinton Township, MI 48036, (586) 783-6300. Nondiscrimination inquiries related to disability should be directed to: Section 504 Coordinator, Director for Special Education, (586) 783-6500.

**HARRY L. WHEELER COMMUNITY CENTER AND ADMINISTRATIVE OFFICES**

**OFFICE OF SCHOOL AND**

**COMMUNITY RELATIONS**

**Kelly Allen**

DIRECTOR FOR PUBLIC AND

COMMUNITY RELATIONS

24076 F.V. PANKOW BOULEVARD

CLINTON TOWNSHIP, MI 48036

586.783.6300

586.783.6310 FAX

WWW.LC-PS.ORG

Dear Parent/Guardian:

Every school year, a variety of opportunities are available for students from families with limited financial resources as identified through the National School Lunch Program, these opportunities include reduction of fees for extracurricular activities and other services. With your approval, when these types of opportunities become available, the district will forward information directly to you.

By law we can only access your contact information with your approval. If you choose to not submit this form we will continue to have the information about assistance and opportunities available on our district website and in the main office of your child(ren)’s school. Sending in this form will not change your eligibility status.

**If you submitted this form for your student in a previous year you DO NOT need to fill it out again.**

\_\_\_\_ Yes. I **DO** want the Office of School and Community Relations to access and share my contact information (e.g., name, address, phone number,)

If you **DO NOT** want the Office of School and Community Relations to access your contact information, no action is required; please disregard this form.

If you checked yes, please fill out the form below to ensure that your information is shared for the child listed below.

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

For more information, contact Kelly Allen at 586-783-6300 ext. 1206 or allenke@lc-ps.org.

**Please return this form to your child’s school.**

1.4.17