

School Year

Student's Last Name	Student's First Name	Foster Child? (Y/N)	School	Case # for Basic Food, TANF or FDPIR*	Currently receiving meal benefits? (Y/N)

*If you have provided a case number for a student, proceed to the signature and date.

Case # for Basic Food, TANF or FDPIR for household member OTHER than a student. _____ (Proceed to signature and date.)

Total number of household members, including students. _____

Total GROSS income for all household members, including students. _____

Weekly Monthly
 Every 2 weeks 2x/month

By signing below, I allow eligibility information to be shared with the school for early entrance into kindergarten or first grade. I also understand that I will need to apply for meal benefits in August for the upcoming school year. **This early entrance pre-qualification request is for informational purposes only** and does not qualify my student for actual meal benefits.

Parent/Guardian Signature

Date _____

For Child Nutrition Use ONLY

Processed and scanned to building by _____ Date _____

Paid Reduced Free