

APPLICANT MUST MEET INCOME ELIGIBILITY SET BY THE STATE LUNCH PROGRAM FOR FREE & REDUCED LUNCHES

STUDENT INFORMATION:

FULL NAME: _____ DOB: _____

GRADE LEVEL: _____ AGE: _____ ENROLLED TRIBE: _____

PARENT/HOUSEHOLD INFORMATION:

LEGAL GUARDIAN: _____ ENROLLED TRIBE: _____

RELATIONSHIP TO STUDENT: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ ALTERNATE PHONE: _____

FINANCIAL INFORMATION:

NUMBER OF PERSONS IN HOUSEHOLD: _____ FAMILY INCOME: _____

INCOME LISTED IS: (Please Circle One) BI-WEEKLY MONTHLY ANNUAL

ASSISTANCE REQUESTED:

PLEASE CIRCLE THE ASSISTANCE CATEGORY YOU ARE APPLYING FOR. MORE THAN ONE CATEGORY CAN BE CIRCLED AND APPLICATION IS GOOD FOR YEAR LISTED ABOVE.

SCHOOL SUPPLIES

TEST FEES

TEST PREP

CLUB DUES/SUPPLIES

EYE WEAR

CAP & GOWN

PLEASE READ CAREFULLY BEFORE SIGNING: *I certify that the Indian Education Program has permission to check on the actual income listed above. I also certify that the above information, if false, may lead to the disapproval of application and that it is true & correct to the best of my knowledge.*

GUARDIAN SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

STUDENT HAS ALL PROGRAM ENROLLMENT FORMS ON FILE? YES NO

THIS APPLICATION HAS BEEN: APPROVED DISAPPROVED

REASON: _____

PROGRAM DIRECTOR: _____ DATE: _____