

# St. Paul Lutheran School

## 2019-2020 Application for Free and Reduced Price School Meals

Complete one application per household. Please print.

**Step 1:** List ALL infants, children, and students up to and including grade 12 who are Household Members.

Child's First Name	MI	Child's Last Name

**Step 2:** List ALL Adult Household Members (including yourself) even if they do not receive income. If they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

First & Last Name of Adult Household Members	Earnings from Work	How Often?				Public Assistance/Child Support/ Alimony/ SSI/ VA Benefits/ Pensions/ Retirement/ Social Security, Other Income	How Often?			
		Weekly	Bi-Weekly	2X Month	Monthly		Weekly	Bi-Weekly	2X Month	Monthly
	\$					\$				
	\$					\$				
	\$					\$				
	\$					\$				
	\$					\$				
	\$					\$				
	\$					\$				

**Step 3:** Total Household Members (children & adults) \_\_\_\_\_

**Step 4:** Contact information and adult signature. "I certify (promise) that all information on this application is true and that all income is reported."

Street Address	Apt. #	City	State	Zip	Daytime Phone	Email

  

Printed name of adult completing the form	Signature of adult completing the form	Today's Date

**THIS SECTION IS FOR SCHOOL USE ONLY.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_

Per:

- ☐ Week
- ☐ Every 2 Weeks
- ☐ Twice a Month
- ☐ Monthly
- ☐ Year

Household Size: \_\_\_\_\_

Income Eligibility: Reduced \_\_\_\_ Denied \_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_