

Western Avenue Campus Grades PK3-2
801 South Fifth Street
Watertown, WI 53094
Telephone 920.261.3615



Clark Street Campus Grades 3-8
303 Clark Street
Watertown, WI 53094
Telephone 920.261.3615

2026-2027 TSL Free and Reduced Lunch Application

Step 1: List all children infants through (and including) grade 12 who are household members.

Child's First Name	MI	Child's Last Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Step 2: Do any Household Members (including you) currently participate in any of the following assistance programs?

Foodshare, W-2 Cash Benefits, or FDPIR (check one) ____Yes ____No

Case Number _____ Program Name _____

If you answered "No", continue to step 3. If you answered "Yes", go directly to step 4.

Step 3: Report income for ALL household members (Skip this step if you answered yes in step 2)

A. Child Income

Name of Child	Earnings/Income	How Often*
_____	_____	_____
_____	_____	_____

B. Adult Income

Name of Adult	Earnings/Income	How Often*
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Weekly, Bi-Weekly, 2x Month, or Monthly

Total Household Members (Adults & Children): _____

Step 4: Contact Information and Signature

“I certify that all information on this application is true and that all income is reported. I understand that school officials may verify the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws. “

Signature _____ Date _____

Address _____

FOR SCHOOL USE ONLY

Total Income _____ Total Household Members (Adults & Children) _____

Eligibility: Categorical Eligibility _____ Free _____ Reduced _____ Denied _____

School Official Signature _____