

Households that have a Foster Child

SECTION ONE OF THE APPLICATION

List all Seattle School District students living with you.

- **LEAVE THIS SECTION BLANK**

LAST NAME	FIRST NAME	STUDENT ID#	DATE OF BIRTH	SCHOOL	GRADE	BASIC FOOD, TANF or FDPIR CASE NUMBER

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SECTION TWO OF THE APPLICATION Income Section

- **LEAVE THIS SECTION BLANK**

NAMES OF ALL HOUSEHOLD MEMBERS		INCOME FROM WAGES BEFORE DEDUCTIONS		INCOME from Welfare, Child Support	Income from Retirement Social Security	Any other type of income not listed previously
FIRST	LAST	Wages from Job1	Wages from Job2			

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SECTION THREE OF THE APPLICATION Foster Child

- If you have a foster child living at your home, include the following information. Only one foster child can be listed per FORM.

Foster Child's Name	Student I.D.#	Date of Birth	Personal Use Income	School	Grade
John Smith	006451234	2/15/2002	\$ 150.00	Maple	2

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SECTION FOUR OF THE APPLICATION Signature and Social Security Number

- Complete ONLY the left hand column with your printed name, signature and the current date. Leave the other two columns blank.
- Your information is being given for the receipt of federal funds
- School Officials may verify the information on the application and deliberate misrepresentation of the information may subject you to prosecution under applicable state and federal laws.

	Check the box if you do not have a social security number*	
<u>Thomas George</u> Printed Name of Parent or Guardian	Social Security Number	<input type="checkbox"/> I do not have a social security number.
<i>Thomas George</i> Signature of Parent or Guardian	Street Address	City & Zip
<u>August 21, 2009</u> Date	Home Phone Number	Work Phone Number

OTHER GREAT REASONS TO APPLY

Did you know that if your child qualifies for free or reduced price meal benefits there may be additional benefits such as discounts or “0” costs for the following services? Ask your school for more information; not all benefits are available at each school.

Please check the box(s) below if you want to give school officials permission to use the information provided on the attached application for free & reduced meals to determine your child(ren’s) eligibility for these school benefits.

- Advanced Placement Tests
- College Bound Scholarships
- Running Start Books
- Athletic Fees
- Associated Student Body (ASB) fee
- Event Fees
- Pre-College exams (PSAT/SAT/ACT)
- College Application Fees
- All-day kindergarten tuition
- Field Trips
- Summer programs and camps
- Medical, dental & vision fees

YOU MUST COMPLETE THE ATTACHED APPLICATION FOR FREE & REDUCED MEALS TO QUALIFY.

Thomas George
Signature of Parent or Legal Guardian

August 21, 2009
Date

ACT NOW!

Complete your application as soon as possible and send to the Nutrition Services Office at this address:

Nutrition Services
2445 3rd Ave South
MS 32-372
P.O. Box 3465
Seattle, WA 98124-1165

Still have questions? Call our office at 206-252-0675 and we will assist you.