

1 Student Information List ALL students who attend a Caldwell County School. If this application is for a foster child who is the legal responsibility of a welfare agency or court, (X) here [X]. Foster Children must be listed individually on SEPARATE APPLICATIONS.

If applicable, please enter student gross income with cents and how often it is received. In the income frequency box enter [ M ] for Monthly, [ T ] for Twice a month, [ E ] for Every other week and [ W ] for weekly.

Table with 11 columns: First Name, MI, Last Name, Social Security Number (Optional), Work First \ Food Stamp Case #, Grade, School Initials, Check if NO Income, Child's Income Cents, Income Frequency, (Office Use). Row 1: JOE, COBLE, 123456789, K, COLL, 10000, M.

2 Household Members List the names of all Household Members excluding Students listed above. Please enter Gross Income and how often it is received. In the Income Frequency box enter [M] for Monthly, [T] for Twice a month, [E] for Every other week, [W] for Weekly. INCOME EXAMPLE: \$1200.99 Monthly 120099 M \$600.25 Twice a month 60025 T \$554.00 Every other week 55400 E \$325.75 Weekly 32575 W

Table with 13 columns: First Name, Last Name, Check if NO Income, Earnings from Work before deductions Cents, Income Frequency, Welfare, Child Support, Alimony Cents, Income Frequency, Pensions, Retirement Social Security Cents, Income Frequency, All Other Income Cents, Income Frequency. Row 1: BRAD, SMITH, 110000, M, 10000, M.

3 Homeless/Migrant/Runaway

4 Waiver of Privacy Act (Optional)

5 Race/Ethnic Identity (Optional)

If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, migrant coordinator at phone# (828) 728-8407

I give permission for Caldwell County Schools to give my name, address, and whether my child qualifies for free/reduced priced meals to the following programs: Dental Benefits, Health Care Benefits. Signature: X

Mark one or more racial identities: American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Asian, White, Other. Mark one ethnic identity: Hispanic or Latino, Not Hispanic or Latino.

6 Mailing Address 123 MAIN ST, City LENOIR, State NC, Zip Code 28645

An adult household member must sign the application. If Part 2 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement attached.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

SIGNATURE: [Signature] DATE: 8/1/07 Signing Adult SSN# 123456789 Check here [ ] if you do not have a Social Security Number. Office Use [ ]