

Please print clearly and neatly using ONE CAPITAL LETTER per block. Use BLACK INK.

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 . 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.

	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)
(1)	J E N N Y		S M I T H	1 2 3 4 5 6 7 8 9		K	W L	<input checked="" type="checkbox"/>	\$			
(2)								<input type="checkbox"/>	\$			
(3)								<input type="checkbox"/>	\$			
(4)								<input type="checkbox"/>	\$			
(5)								<input type="checkbox"/>	\$			
(6)								<input type="checkbox"/>	\$			

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 1 2 0 0 9 9 M \$600.25 Twice a month 6 0 0 2 5 T \$554.00 Every other week 5 5 4 0 0 E \$325.75 Weekly 3 2 5 7 5 W

	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
(1)	P A R E N T	O N E	<input type="checkbox"/>	6 0 0	2 5	T							1 0 0	0 0	W
(2)			<input type="checkbox"/>												
(3)			<input type="checkbox"/>												
(4)			<input type="checkbox"/>												
(5)			<input type="checkbox"/>												
(6)			<input type="checkbox"/>												

3 Homeless/Migrant/Runaway 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
 Homeless Migrant Runaway

4 Waiver of Privacy Act (Optional) 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

5 Race/Ethnic Identity (Optional) Mark one or more racial identities:
 American Indian or Alaska Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander Other
 Mark one ethnic identity:
 Hispanic or Latino
 Not Hispanic or Latino

6 Mailing Address 1 2 3 Main St Lenoir NC 28645
 City State Zip Code

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: R On DATE: 8/1/07 Signing Adult SSN#
 Check here if you do not have a Social Security Number. (Office Use)