

**Lockport Township High School District 205
Free/Reduced Lunch Application Form 2018 - 2019 school year**

Names and grades of LTHS students:

STUDENT NAME	GRADE	I.D. NUMBER

Name of Parent or Guardian

Address

City State Zip Code

Telephone

Total number living in household

Number of Adults

Number of Minors

SNAP/LINK 10-13 DIGIT CASE NUMBER: _____

List all related or unrelated persons who live in your household and share living expenses or meals, including yourself. **DO NOT INCLUDE LTHS STUDENTS LISTED ABOVE.**

NAME	SOCIAL SECURITY NUMBER	NAME	SOCIAL SECURITY NUMBER

TOTAL HOUSEHOLD INCOME BEFORE DEDUCTIONS:

Note: All household income must be declared. All Kids Medical Card does not automatically qualify your children for free lunches. All income must be verified with documentation – Last Year’s Federal Tax Return – first 2 pages – for ALL working adults in the household.

	MONTHLY	WEEKLY	VERIFICATION
ADC			
PENSIONS			
SOCIAL SECURITY			
WAGES			
OTHER			
TOTAL			

I hereby certify that all of the above information is true and correct to the best of my knowledge.

Date

Signature of Parent or Guardian

-----For School Use Only-----

_____ APPROVED FREE LUNCH

_____ DENIED FREE/REDUCED LUNCH

_____ APPROVED REDUCED LUNCH

_____ APPROVED FEE WAIVER

_____ DENIED FEE WAIVER

NOTE: SCHOOL FEES WAIVED ONLY FOR STUDENTS THAT QUALIFY FOR FREE LUNCHES.

Date

School Administrator Signature