



File Name:	_____
Status:	HOMELESS
Category:	Free

Homeless -- McKinney – Vento Education Act
Free Breakfast and Lunch Documentation Fee Waiver

Student Name:
Date of Birth:
School:
Student ID Number:
Grade:
Effective Date:
Category:

School Authorizing Signature:

Print Name

Signature

Please email or fax form to:
Attn: Homeless Program
Email: dsdhomeless@dsdmail.net
Fax number: **801-402-5117**