



File Name: _____
Status: _____
Category: _____

**Homeless /Displaced McKinney – Vento Education Act  
Free Breakfast / Lunch and Fee Waiver Documentation**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Grade: \_\_\_\_\_

Category: \_\_\_\_\_

School Year: \_\_\_\_\_

Fee waiver: \_\_\_\_\_

Effective Date: \_\_\_\_\_

School Administration Signature:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
School Administration Signature

This form should be signed by the **school administration or counseling office** and submitted on-line or via email:  
[dsdhomeless@dsdmail.net](mailto:dsdhomeless@dsdmail.net)