

Killingly Public Schools

2020-2021 Free and Reduced Lunch Refusal Form

*** Fill out this form if you DO NOT wish to apply for free or reduced lunch.**

List all family members for whom you are refusing the Free and Reduced Lunch Program.

Please be sure to list their school and grade (print clearly), then sign.

<i>Student Name</i>	<i>Killingly School Attending</i>	<i>Grade</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I do not wish to submit an application for my child(ren) in the Free and Reduced Meals Program. My signature on this form indicates that I accept the responsibility to pay for all food and beverages my child takes and/or consumes from the school cafeteria.

Thank You.

Print Name of Parent (guardian)

Date

Signature of Parent (guardian)

Daytime phone number

Please return to the school office.