

Free and Reduced Lunch Form

CONFIDENTIAL

Return completed form to the District Office or email to businessmanager@riverdale.k12.or.us



Contact Information

Name: _____

Mailing Address: _____

Contact Phone: _____

Request

Student ID	Name	Grade	Purpose of Financial Aid	Amount Requested

Household Income

Number of Household Members _____

- ✓ List all household members, including children not attending school, and income.
- ✓ Do not include students listed above unless they receive regular income.

Name	Monthly Income (From any source including Wages, Alimony, Pensions, Worker's Comp, etc)

I certify that all of the information on this application is true and correct and that all income is reported. I understand that this information is being given in connection with Riverdale School District Free and Reduced Lunch requests only.

Signature

Date

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