

2022-23 MIHS APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Complete, sign, and return this application to: **Brenda Semeraro, Accounting Coordinator, 4160 86th Ave SE Mercer WA 98040**

Check here if you received meal benefits last year: Homeless Migrant

1. List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an "X" in the appropriate box. Include any personal income received by the student and make an "X" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Frequency				Public Assistance/ Child Support/ Alimony	Frequency				Pensions/ Retirement/ Social Security (SSI)	Frequency				Any Other Income Not Already Listed	Frequency			
			Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly					
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Total Household Members (include all people living in your household): Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member Check if no SSN:

5. Contact Information & Signature – Complete, sign, and return this application to: I certify (promise) that all information on this application is true and that all income is reported. I am aware that if I purposely give false information, my children may lose free and reduced benefits.

Printed Name of Adult Household Member _____ Adult Household Member Signature _____ E-mail Address _____

Mailing Address _____ City, State & Zip Code _____ Daytime Phone _____ Date _____

6. **Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.**

Mark one or more racial identities:

- American Indian or Alaska Native Asian
 Black, or African American Native Hawaiian or Other Pacific Islander
 White Hispanic or Latino
 Not Hispanic or Latino

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

This institution is an equal opportunity provider.

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do NOT convert to annual income unless household reports multiple pay frequencies).

Total Household Size _____ Weekly Bi-Weekly 2x per Month Monthly Annual
 Total Household Income \$ _____

APPLICATION APPROVED FOR:

- Free Meals
 Reduced-Price Meals

APPLICATION DENIED BECAUSE:

- Income Over Allowed Amount
 Incomplete/Missing Information

Other: _____

Date Notice Sent _____

Signature of Approving Official _____

Date _____

MERCER ISLAND SCHOOL DISTRICT
PARENTAL RELEASE OF INFORMATION FORM
THIS RELEASE IS VALID FOR THE SCHOOL YEAR 2022-23

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other Mercer Island School District programs for which your children may qualify to receive reduced or free rates. For the following programs, we must have your permission to share your information.

- | | |
|---|--|
| <input type="checkbox"/> School Course, Lab, Equipment & Testing Fees | <input type="checkbox"/> College Bound Scholarship; 1 st Generation Families; Washington College Access Network |
| <input type="checkbox"/> ASB Card, Club & Membership Dues | <input type="checkbox"/> Travel for Extra and Co-Curricular Options |
| <input type="checkbox"/> Sport Fees, Uniform Fees | <input type="checkbox"/> District Sponsored Event fees and ASB School Activities (Dance tickets/entrance fees) |
| <input type="checkbox"/> Device Insurance (iPad) | |
| <input type="checkbox"/> Summer School Tuition | |

Please check any or all boxes above that you would like information regarding your free and reduced meal status released and fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs and their administrative personnel of the boxes you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

Return this form to: **Brenda Semeraro, Accounting Coordinator, 4160 86th Ave SE Mercer Island, WA 98040**

For more information, you may email **Brenda Semeraro** brenda.semeraro@mercerislandschools.org