

Killingly Public Schools

2023-2024 Free/Reduced Price Meal 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.