



Breakfast and Lunch Fee Reduction Form

Student Name: _____ Grade: _____

School Year: _____ Date: _____

Parent Name: _____

Parent Phone #: _____ Parent Email: _____

Reason for Fee Reduction Need: _____

Please return application to the Head of School/Principal.

Fee Reduction Form will ONLY be considered with a completed current year Income Survey.

A new waiver needs to be completed each school year.

School Use Only – Head of School/Principal complete this section and send to COO, CFO, and Food Service Manager

Date received: _____ Completed Income Survey (Y or N): _____

Economically Disadvantaged (Y or N) based on Income Survey and coded in TEAMS: _____

Income Eligibility: <https://squaremeals.org/FandNResources/IncomeEligibilityGuidelines.aspx>

Meets **FREE** Eligibility (Y or N): _____ If YES **AND** has extenuating circumstances, the student is eligible for one free hot breakfast and lunch per school day (no a la carte items).

Meets **REDUCED** Eligibility (Y or N): _____ If YES **AND** has extenuating circumstances, the student is eligible for one free hot breakfast and ½ price lunch per school day (no a la carte items).

Request Approved: _____ Date: _____

Total Fee Reduction Amount Approved: _____

Request Denied: _____ Date: _____

Reason Request Denied: _____