Friendswood ISD 2025-2026

Food Service Application to Local Breakfast Program – Windsong Elementary

List all household members who are Infants, Children and Students:

First Name	Last Name	Grade	Student ID	TANF, SNAP, MEDICAID #

Last 4 digits of an Adult Household member xxx-xx _ _ _ _ ☐ No SSN

Total number of Household Members_____

List income for adult Household Members

Adults Name	Work Earnings	Frequency	Public Assistance Child Support / Alimony	Frequency	Pensions / Retirement	Frequency	All other	Frequency
		W-E-T-M-A		W-E-T-M-A		W-E-T-M-A		W-E-T-M-A
		W-E-T-M-A		W-E-T-M-A		W-E-T-M-A		W-E-T-M-A
		W-E-T-M-A		W-E-T-M-A		W-E-T-M-A		W-E-T-M-A
		W-E-T-M-A		W-E-T-M-A		W-E-T-M-A		W-E-T-M-A
		W-E-T-M-A		W-E-T-M-A		W-E-T-M-A		W-E-T-M-A
		W-E-T-M-A		W-E-T-M-A		W-E-T-M-A		W-E-T-M-A
		W-E-T-M-A		W-E-T-M-A		W-E-T-M-A		W-E-T-M-A

W= Weekly E= Every 2 weeks T=Twice per Month M=Monthly A=Annually

Provide Contact Information and Adult Signature. Return this Application to 402 Laurel Dr Friendswood Texas 77546 or your child's school.

Street Address City State Zip Email / daytime phone

Printed Name of Adult Signing the form Signature of the Adult Household Member Date

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