

1 Student Information List ALL students who attend a Davidson County School. If this application is for a foster child who is the legal responsibility of a welfare agency or court, (X) here Foster Children must be listed individually on SEPARATE APPLICATIONS.

If applicable, please enter student gross income with cents and how often it is received. In the income frequency box enter [A] for Annually, [M] for Monthly, [T] for Twice a month, [E] for Every other week and [W] for weekly. For examples see section 2.

	First Name	M	Last Name	Social Security Number (Optional)	Work First \ Food Stamp Case #	School Name	Grade	Check if NO Income	Student Earnings from Work Before Deductions	Cents	Income Frequency	Social Security & Other Income Before Deductions	Cents	Income Frequency
1									\$			\$		
2									\$			\$		
3									\$			\$		
4									\$			\$		
5									\$			\$		
6									\$			\$		

2 Household Members List the names of all Household Members excluding Students listed above. Please enter Gross Income and how often it is received. In the Income Frequency box enter [A] for Annually, [M] for Monthly, [T] for Twice a month, [E] for Every other week, [W] for Weekly. Example: \$9500.58 Annually 9500.58 A or \$1200.99 Monthly 1200.99 M or \$600.25 Twice a month 600.25 T or \$554.00 Every other week 554.00 E or \$325.75 Weekly 325.75 W

	First Name (Signing Adult)	Last Name (Signing Adult)	Check if NO Income	Earnings from Work Before Deductions	Cents	Income Frequency	Welfare, Child Support, Alimony	Cents	Income Frequency	Pensions, Retirement, Social Security	Cents	Income Frequency	All Other Income	Cents	Income Frequency
1				\$			\$			\$			\$		
2				\$			\$			\$			\$		
3				\$			\$			\$			\$		
4				\$			\$			\$			\$		
5				\$			\$			\$			\$		
6				\$			\$			\$			\$		

	First Name (Other Members)	Last Name (Other Members)	Check if NO Income	Earnings from Work Before Deductions	Cents	Income Frequency	Welfare, Child Support, Alimony	Cents	Income Frequency	Pensions, Retirement, Social Security	Cents	Income Frequency	All Other Income	Cents	Income Frequency
1				\$			\$			\$			\$		
2				\$			\$			\$			\$		
3				\$			\$			\$			\$		
4				\$			\$			\$			\$		
5				\$			\$			\$			\$		
6				\$			\$			\$			\$		

3 Homeless/Migrant/Runaway 4 Waiver of Privacy Act (Optional) 5 Race/Ethnic Identity (Optional)

If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the Homeless Liaison/Migrant Coordinator at (336) 242-5525.

☐ Homeless ☐ Migrant ☐ Runaway

For the following programs, we must have your permission to share your information. Completing this section will not change whether your children get free or reduced price meals.

☐ DentalBenefits ☐ Health Care Benefits

Signature: _____

Mark one or more racial identities:

☐ American Indian or Alaska Native ☐ Asian

☐ Black or African American ☐ White

☐ Native Hawaiian or Other Pacific Islander ☐ Other

Mark one ethnic identity:

☐ Hispanic or Latino

☐ Not Hispanic or Latino

6 Mailing Address City State Zipcode

An adult household member must sign the application. If Part 2 is completed, the adult signing the form must also list his or her Social Security Number or mark the “I do not have a Social Security Number” box. (See Privacy Act Statement attached.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Area Code Daytime Phone #

SIGNATURE: DATE: Signing Adult SSN# Check here if you do not have a Social Security Number. Household Size