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Free or Reduced-Price School Meals Inquiry

*This is **not** the Free/Reduced Meals Application*

Would you like information from our Food Service & Child Nutrition Department concerning free or reduced-price school meals for your child(ren)? YES NO

If NO, fill in student name(s), sign and date form.

If YES, answer questions A & B to continue.

A) Does anyone in your home currently receive IDAHO food stamps? YES NO

B) In the *current* 2021 – 2022 school year, were your children approved for free or reduced-price school meal benefits at their *previous school*? YES NO N/A

✚ If you answered **NO** to **both questions (A and B)**, please complete an application for Free/Reduced meals to determine eligibility for your child(ren).

✚ If you answered **YES** to **either question (A or B)**, you *may not need* to complete an application.

→ Please list all elementary & secondary students residing in your household.

Additional students may be listed on the back of this form.

Student Name	Date of Birth	Previous School	City/State
	/ /		,
	/ /		,
	/ /		,

I authorize my child's previous school district to release documentation of eligibility for free/reduced meals for the student(s) listed above to the Lewiston School District. This is for the purpose of transferring eligibility during the current school year only.

*School District: _____ *City, State: _____ Phone: _____

Parent Signature

Parent Printed Name

Date

Phone

Email

**** This inquiry does not guarantee transfer of meal benefits. Notification of approval for free or reduced price meal benefits will be conveyed in a letter mailed to the household address. ****

OFFICE USE: Assigned School _____ Start Date _____ Application Provided? YES / NO