School Year 2024–25 Camptonvile Elementary School Application for Free and Reduced-Price Meals Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen. This institution is an equal opportunity provider.

California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.

STEP 1 - STUDENT INFORMATION

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last)		Enter school name and grade level								Enter student's birthdate				Check the applicable box if the student is foster, homeless, migrant, or runaway.						
EXAMPLE: Joseph P Adams			Lincoln Elementa				y 1st				12-15-2010				Foster	Homeless	Migrant	Runaway		
·						•														
STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWO Do ANY household members (child or adult) currently parti If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4. STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD ME A. STUDENT INCOME: Sometimes students in the household deductions) in whole dollars earned by all students listed in	FDPIR red 'YES' in	Ent STEP	er Case 2)	Numb	er:	3.	Но	w Often	STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE Certification: I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.											
Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly								\$						_	gnature of adu			on:		
B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List ALL household members not listed in STE household member, report the TOTAL GROSS income (before deductions) in whole dollars for each source income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promisin Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a M Print the name of ALL OTHER Household Members (First and Last) \$							ne hous t there M = M e/SSI/ mony	ehold m	embe come t Y = Ye Per	er does to rep early nsions	es not receive eport.			Di M	Print Name: Date: Phone Number: Mailing Address: City: State: Zip: E-mail:					
(Children and Adults) the Primary		<u> </u>					ssn [
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12 Total Household Size Eligibility Status: Free Reduced-price Paid (Denied) Category								Prone Date: Date:				OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals. Ethnicity (check one): Hispanic or Latino Race (check one or more): American Indian or Alaskan Native Native Hawaiian or other Pacific Islander White								
Verifying Official's Signature:							ate:													