

Killingly Public Schools

2018-2019 Free and Reduced Lunch

Refusal Form

*** Fill out this form if you DO NOT wish to apply for free or reduced lunch.**

List all family members for whom you are refusing the Free and Reduced Lunch Program.

Please be sure to list their school and grade (print clearly), then sign.

| <i>Student Name</i> | <i>Killingly School Attending</i> | <i>Grade</i> |
|---------------------|-----------------------------------|--------------|
| 1. | | |
| 2. | | |
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| 10. | | |
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I do not wish to submit an application for my child(ren) in the Free and Reduced Meals Program. My signature on this form indicates that I accept the responsibility to pay for all food and beverages my child takes and/or consumes from the school cafeteria.

Thank You.

Print Name of Parent (guardian)

Date

Signature of Parent (guardian)

Daytime phone number

Please return to the school office.