



APPLICATION FOR FREE/REDUCED SCHOOL MEALS: 2023-2024 School Year

**Please return completed application to Tricia Neura, CNP Director at: neurat@mtnbrook.k12.al.us*

Child's Name _____

Child's Name _____

Grade _____

Grade _____

Name of School _____

Name of School _____

Child's Name _____

Child's Name _____

Grade _____

Grade _____

Name of School _____

Name of School _____

Check all that apply: Foster Child Homeless/Migrant/Runaway

Names of Adult Household Members:

Gross Monthly Income (before taxes):

Total Household Members (Children & Adults) _____

Last Four Digits of SSN _____

Daytime Phone Number _____

Email Address _____

Street Address _____

City/State/Zip _____

X _____
Signature of Adult Household Member

Printed Name _____

Today's Date _____

***** FOR SCHOOL USE ONLY ***** DO NOT WRITE BELOW THIS LINE*****

Total Household Size _____ Monthly Income _____

Eligibility Determination: Approved Free Approved Reduced

Signature of Determining Official _____

Date _____