

Emergency Application Request Form

Please complete this form to request student emergency meal benefits.

School: _____

Date: _____

Student Name: _____

Student ID _____

Principal requesting emergency free/reduced-price meals: _____

Print Name

Reason for requesting emergency free/reduced-price meals:

Signature of Principal: _____

Date: _____

..... Nutrition Services Office Use Only

Student has application previously on file for this school year: _____
Yes/No and Initial

New application mailed to parents/guardians: _____
Date Sent and Initial

Application received from parents/guardians: _____
Date Sent and Initial

If application not received from parents/guardians:

Has the principal completed the emergency Meal Benefit Form completely and correctly? _____

If no, date returned to principal: _____ Initials: _____ Yes/No

Emergency application is approved: _____
Signature of Nutrition Services Director or Assistant Director Date

Application & Emergency Application Request Form sent to secretary for processing: _____
Date

Emergency application is denied: _____
Signature of Nutrition Services Director or Assistant Director Date

Reason for denial: _____

Denial communicated to Principal by Director/Assistant Director: _____
Date

Application & Emergency Application Request Form sent to secretary for filing: _____
Date

SUBMIT ORIGINAL FORM TO NUTRITION SERVICES