



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: _____

Reason for requesting emergency free/reduced-price meals:

Signature of Principal _____ Date: _____

SUBMIT ORIGINAL FORM TO NUTRITION SERVICES

Nutrition Services Office Use Only

Student has application previously on file for this school year: _____

New application sent to parents/guardians: _____

Application received from parents/guardians: _____

Emergency Application approved: _____

Emergency Application denied: _____

Reason for denial: _____

Denial communicated to Principal by Director/Assistant: _____