

High School Free & Reduced Meal Application

Lincoln County School District #1
 P.O. Box 335
 Diamondville, WY 83101
 Phone 307-877-6991 ext. 4009

These sections must be completed by the head of household or designee.

- 1) Size of Family – Please indicate the total number of individuals in your household, including **all** adults and children. _____
- 2) Student Information – Please complete for each student Pre-K through 12th Grade

	Last Name	First Name
1		
2		
3		
4		
5		
6		
7		

If you need more space please use the reverse side of this application or attach a copy of this survey marked clearly as a continuation of this information.

- 3) Total Household Income – please report for all members of the household:

Type of Income	Job 1	Job 2	Check if No Income
1-Gross Monthly Earnings: wages, salary, commissions	\$	\$	<input type="checkbox"/>
2-Monthly Welfare Payments, Child Support, Alimony	\$	\$	<input type="checkbox"/>
3-Monthly Payments from Pensions, Retirement, Social Security	\$	\$	<input type="checkbox"/>
4-Monthly Dividends or Interest on Savings	\$	\$	<input type="checkbox"/>
5-Monthly Worker’s Compensation, Unemployment, Strike Benefits	\$	\$	<input type="checkbox"/>
6-Other Monthly (SSI, VA, Disability, Farm, other)	\$	\$	<input type="checkbox"/>
Totals for Columns Job 1 and Job 2	\$	\$	<input type="checkbox"/>

Signature: _____ Date: _____