## 2022-23 MIHS APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Complete, sign, and return this application to: Brenda Semeraro, Accounting Coordinator, 4160 86th Ave SE Mercer WA 98040

Mailing Address	Printed Name of Adult Household Member	(total listed must equal number of household members listed above)  Contact Information & Signature — Complete, sign, and return this application to: I certify (promise) that all information on this application is true and that all income is reported. I am aware that if I purposely give false information, my children may lose free and reduced benefits.	Total Household Members (include all people living in your household):				~		Names of ALL other household members (do not include students listed above)	leave the income sections blank, you are promising there is no income to report.					Student's Last Name	heck here if you received meal benefits last year: . List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate received by the student and make an "x" in the correct box for how often it is received.
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Date Notice Sent	APPLICATION APPROVED FOR:		ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12.		This institution is an equal opportunity provider.	Children's Racial and Ethnic Identi serving our community. Respondi Mark one or more racial identities:
Signature of Approving Official	☐ Free Meals ☐ Reduced-Price Meals		Weekly x 52; Bi-Weekly x 26; T		y provider.₅	tities (Optional) – We are required to ask ing to this section is optional and does no  S:  Black, or African American White
ving Official	APPLICATION DENIED BECAUSE:	Total Household Size Total Household Income	wice per month x 24; Monthly	SCHOOL USE ONLY - DO		) – We are required to ask for information allion is optional and does not affect your child American Indian or Alaska Native Black, or African American
Date	USE: ☐ Income Over Allowed Amount☐ Incomplete/Missing Information	\$ Weekly	y x 12. (Do <b>NOT</b> convert to annual income unless household reports multiple pay frequencies).	SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE		Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.  Mark one or more racial identities:  Black, or African American  Mative Hawaiian or Other Pacific Islander  Mot Hispanic or Latino  White
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## MERCER ISLAND SCHOOL DISTRICT PARENTAL RELEASE OF INFORMATION FORM THIS RELEASE IS VALID FOR THE SCHOOL YEAR 2022-23

Dear Parent/Guardian:								
To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other Mercer Island School District programs for which your children may qualify to receive reduced or free rates. For the following programs, we must have your permission to share your information.								
☐ School Course, Lab, Equipment & Testing Fees	College Bound Scholarship; 1st Generation Families; Washington College Access Network							
ASB Card, Club & Membership Dues	☐ Travel for Extra and Co-Curricular							
☐ Sport Fees, Uniform Fees	Options							
<ul><li>□ Device Insurance (iPad)</li><li>□ Summer School Tuition</li></ul>	☐ District Sponsored Event fees and ASB School Activities (Dance tickets/entrance fees)							
Please check any or all boxes above that you would like information regarding your free and reduced meal status released and fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs and their administrative personnel of the boxes you checked.								
Child's Name:	School:							
Child's Name:	_School:							
Child's Name:	School:							
Child's Name:	School:							
Signature of Parent/Guardian:	Date:							

Return this form to: Brenda Semeraro, Accounting Coordinator, 4160  $86^{\text{th}}$  Ave SE Mercer Island, WA 98040

Printed Name:\_\_\_\_\_

For more information, you may email Brenda Semeraro brenda.semeraro@mercerislandschools.org