

Free Lunch Verification Form

To: New Hanover County Child Nutrition Department

From: _____
(Agency)

(Agency Staff Member)

RE: _____
(Student's Full Name)

(Student's Home Address)

(School Name)

Parent's Permission and Signature

I hereby grant permission to _____ (Agency Name) to contact New Hanover County Schools Child Nutrition Office to verify that he/she is eligible to receive free/reduced lunch from New Hanover County Schools.

Parent/Guardian Signature

Date

Please check one of the boxes below to indicate the student's lunch status:

Yes, the student mentioned above receives free or reduced lunch. This status will expire on 06/30/2010.

No, the above students does not receive free or reduced lunch.

Name of Respondent (Child Nutrition Staff)

Date

(Signature of Respondent)