

SCHOOL NAME:



Dallas Independent School District

STUDENT ID NUMBER (No Social Security Numbers)	NAME OF STUDENT			BOY/ GIRL	GRADE	DATE OF BIRTH	Free or Reduced Lunch Y/ N	SHIRT/ BLOUSE SIZE	PANTS/ SKIRT SIZE	ONLY
	LAST	FIRST	MIDDLE							DATE UNIFORM DISTRIBUTED

I certify that all information I have submitted on this application is true and accurate. I understand that if any fraud is detected or suspected I will be reported immediately to the Police and Security Services Department. **I herein authorize campus staff to access information on my application for free/reduced lunch to verify my need for assistance. This information should not be shared nor used for any other purpose.**

**For Use by School Staff Only**

1. Verify Student ID # for each student.
2. Verify family information and student's enrollment.
3. Ensure completeness of application, signature, and date.
4. Keep the original, give a copy to the parent

Approved  Not-Approved