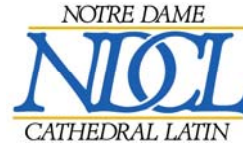


# REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

*This program is not sponsored, funded, or administered by any governmental agency.*

Part 1. Children in School	
Names of all children enrolled at NDCL (First, Middle Initial, Last)	Grade
<p>You must attach a copy of your  <b>MOST RECENT FEDERAL TAX RETURN</b>  to this form in order for your application  to be considered.</p>	



The reduced price school lunch program at Notre Dame-Cathedral Latin School flows from the school's commitment to Catholic teaching on social justice. The school subsidizes reduced price meals for children whose families qualify according to these income limits:

Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$20,036	\$1,670	\$835	\$771	\$386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317

Part 2. Total Household Gross Income—You must tell us how much and how often.					
1. Name (List <b>everyone</b> in household.)	2. Gross income and how often it was received				3. Check if <b>NO</b> income
	Example: \$100/monthly   \$100/twice a month   \$100/every other week   \$100/weekly				
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
(Example) Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$____/____	<input type="checkbox"/>
1.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
2.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
3.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
4.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
5.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
6.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
7.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
8.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>

Part 3. Signature (Adult must sign.)		
Sign here: X _____	Print name: _____	Date: _____
Address: _____		Phone Number: _____