

## **2023 Fee Assistance Application**

FOR O	FFICE USE	ONLY:
MI-ME: Approved Letter Sent Staff Initials		Date:

Nam	ne (Main Contact Person): First_			ī	ast			
1	ress:							
	ne Phone:							
	me of each member of household	Birthdate	Grade in Fall/2023	Male/ Female	Relatio	nship to	Main Contact	Pers
1. (N	Main Contact Person)							
2.								
3. 4.								
5.								
6.								
_								
My	child participates in a Free or I  If yes, provide a copy of the	Reduced Pr	riced Lunc	h Progra	m at sch	ool.	YES 4.	
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