



NEW STUDENT FREE/REDUCED LUNCH & BREAKFAST FORM

ABOUT THIS DOCUMENT

If you have children who attended a school in the Pickens County School District and participated in the Free or Reduced Lunch program during the 2015-16 school year, please complete this form.

NEW STUDENT INFORMATION

_____	_____	_____	_____
Last Name	First Name	Middle Name	Grade

Name of School Student will Attend			

Sibling Information			
List siblings living in the same household:			
Name	Grade	School	
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	
4. _____	_____	_____	

PARENT/GUARDIAN INFORMATION

_____	_____	_____	_____
Parent/Guardian Name	Home Phone	Work Phone	Cell Phone