

STUDENT CODE OF DRESS K – 12
INDIGENT APPLICATION

1. Student Information:

Student's Name: _____

Parents' (or Guardian's) Name: _____

Address: _____

Telephone No.: _____

2. Have you filled out an application for Free and Reduced Price Meal Services?

YES

NO

3. If your answer to number 2 is "yes", continue to number 4. If your answer to number 2 is NO, please fill out the Application for Free and Reduced Price Meal Services and indicate below for which programs you are applying.

I want to apply for the Free and Reduced Priced Meal Services and for assistance relative to the Student Code of Dress policy.

I want to apply only for assistance relative to the Student Code of Dress policy.

I want to apply only for Free and Reduced Priced Meal Services.

4. Please attach a copy of the Student's Parents' most recent Tax Return to your application.

Signature of Parent or Guardian

APPLICATIONS CAN NOT BE ACCEPTED VIA MAIL

Adopted: 6/23/09