



Student Information for School Cafeterias

(Please Print)

Student's Name _____

Student's Social Security Number _ _ _ - _ - _ - _ - _ - _ - _

Student's Date of Birth _____ Student's Grade _____ Homeroom/Advisor _____

PLEASE READ AND COMPLETE THE FOLLOWING SECTION IF THIS STUDENT IS INTERESTED IN FREE OR REDUCED PRICE MEAL BENEFITS:

Did this student transfer from another school within the Clarksville-Montgomery County School District?

IF YES: Name the school student transferred from: _____ NO _____

Did this student transfer from another school within Tennessee? If Yes, What county _____ NO _____

What was the meal eligibility status at that school? _____ Free _____ Reduced _____ Full Pay

Students will not be eligible for free or reduced price meal benefits until confirmation of status is received from the Central Office. Students transferring from another school district must complete a meal application from the Clarksville-Montgomery County School System to apply for benefits for free or reduced priced meals.

Child Nutrition Department — Clarksville-Montgomery County School System

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