



Student Information for School Cafeterias

(Please Print)

Student's Name _____

Student's Powerschool ID# _ _ _ _ _

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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