

Food & Nutrition Services Student Household Matching Form

New Student Information:

School: _____

Grade: _____

Has this student previously attended a Nassau County Public School? Yes No

Has student attended any other **Public School** in Florida or another state? Yes No

If **yes** please provide the name of school, city and state:

Students Full Legal Name: _____

Physical Address: _____

Parent/Guardian Name: _____

Phone Number: _____

Please list any other children living in the home that attend **Nassau County Public Schools**:

<u>Name</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

This information will only be used for the purpose of identifying students who currently reside together and may possibly be eligible for free or reduced priced meals based upon eligibility extension. **Return this form to your school.**

For official use only:

	Yes	No	Date	Initials
Former school CEP				
Spoke with parent				
Extended eligibility				

Additional notes:

