

**Free and Reduced Lunch Form**

**CONFIDENTIAL**

Return completed form to the District Office or email to [communications@riverdale.k12.or.us](mailto:communications@riverdale.k12.or.us)



**Contact Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Request**

Student ID	Name	Grade	Purpose of Financial Aid	Amount Requested

**Household Income**

Number of Household Members \_\_\_\_\_

- ✓ List all household members, including children not attending school, and income.
- ✓ Do not include students listed above unless they receive regular income.

Name	Monthly Income (From any source including Wages, Alimony, Pensions, Worker's Comp, etc)

I certify that all of the information on this application is true and correct and that all income is reported. I understand that this information is being given in connection with Riverdale School District Free and Reduced Lunch requests only.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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