

## FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Fort Gibson Public Schools** offers healthy meals every school day. Breakfast costs \$ 1.75MS/HS,1.50ELC/IE ; lunch costs \$ 2.50MS/HS,ELC/IE\$2.25 . Your children may qualify for free meals or for reduced-price meals. Reduced-price is \$ .30 for breakfast and \$ .40 for lunch. This packet includes an application for free or reduced-price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

**1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?**

- All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

**FEDERAL ELIGIBILITY INCOME CHART for School Year: 2023**

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Each additional person:	8,732	728	364	336	168

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call or e-mail Connie Melton, 918-478-2191, ext7000, c\_melton@fortgibsonigers.org
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced-Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to Connie Melton, FortGibson Public Schools, 500 Ross, FortGibsonpublicSchools c\_melton@fortgibsonigers.org, 918-478-2191 ext.7000
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Connie Melton, c\_melton@fortgibsonigers.org, 478-2191 ext7000, 500 Ross Fort Gibson, OK, 74431 immediately.

5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **N/A** to begin or to learn more about the online application process. Contact **N/A** if you have any questions about the online application.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school's year, through **SEPTEMBER 21, 2022**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC *MAY* be eligible for free or reduced-price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DO NOT QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by call or writing to:  
**Scott Farmer 500 Ross Fort Gibson ,OK 74434@478-2474**
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A UNITED STATES (U.S.) CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you *NORMALLY* receive. For example, if you normally make \$1000 each month but you missed some work last month and made only \$900, put down that you made \$1000 per month. If you normally get overtime, include it; do not include it if you work overtime only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a *0* in the field. However, if any income fields are left empty or blank, those will *ALSO* be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you *MEANT* to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact (**Connie Melton 500 Ross FortGibsonOK74434@918-478-2191ext.7000,c\_melton@fortgibson.org**) to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-866-411-1877.

If you have other questions or need help, call 918-478-2191 ext.7000

Sincerely,

(Connie Melton

## HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in [School District]. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [School/school district contact here; phone and email preferred].

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

### STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending [Fort Gibson Public Schools], regardless of age.

A) List each child's name, Pin, each child's name, use outline of the application for each child when printing names, write home title, if each box, 30 characters, use outline of space, there are more children, use a second piece of paper with all required information for the additional children.	B) Is the child a student at Fort Gibson Public Schools? Mark Yes, or No, under the appropriate column.	C) Do you have any foster children? Any child registered as a foster child in your home. Foster care is not care of the child's parent. You do NOT apply for foster care with us. Fostering STEP 1, GO TO STEP 2. Foster children will live with you in your home as members of your household and should be listed on our application. If you are applying for foster and rent foster, children, go to step 3.	D) Are any children homeless, migrant, or runaway youth? If you are applying for foster care, you do not apply for this. If you are applying for foster care, you do not apply for this. If you are applying for foster care, you do not apply for this.

### STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPPIR)

A) Do any of your household participants in any of the above?	B) If anyone in your household participates in any of the above, list the program name, your address, and phone number for SNAP, TANF, or FDPPIR. If you are applying for more than one program, use a second piece of paper with all required information for the additional programs. GO TO STEP 1.

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

#### How do I report my income?

- Use the charts titled “Sources of Income for Adults” and “Sources of Income for Children” printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.
  - Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write “0” or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

#### 3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income ONLY” on the form. Do not include income for you or anyone applying for them, together with the rest of your household. **What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

#### 3.B. REPORT INCOME EARNED BY ADULTS

##### Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
  - **Do NOT include:**
    - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
    - Infants, Children and students already listed in STEP 1.

<p>B) List adult household members. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</p>	<p>C) Report earnings from work. Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. <b>What if I am self-employed?</b> Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p>	<p>D) Report income from public assistance/child support/almity. Report all income that applies in the “Public Assistance/Child Support/Almity” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “Other” income in the next part.</p>
<p>E) Report income from pensions/retirement/all other income. Report all income that applies in the “Pensions/Retirement/All Other Income” field on the application.</p>	<p>F) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have no listed on the application, you had added them, this very important, call all household members as the fee of your household affects your eligibility for free and reduced price meals.</p>	<p>G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If you do not have a Social Security Number, leave this space blank and mark the box on the right labeled “One of no SSN.”</p>

**FOR EACH ADULT HOUSEHOLD MEMBER: continued**

- Write a 0 in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write 0 or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

- B. **List adult household members' names.** Print the name of each household member in the boxes marked *Names of Adult Household Members (First and Last)*. **Do not list any household members you listed in STEP 1.** If a child listed in STEP 1 has income, follow the instructions in STEP 3, Part A.
- C. **Report earnings from work.** Refer to the chart titled *Sources of Income for Adults* in these instructions, and report all income from work in the *Earnings From Work* field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenues.
- D. **Report income from public assistance/child support/alimony.** Refer to the chart titled *Sources of Income for Adults* in these instructions, and report all income that applies in the *Public Assistance/Child Support/Alimony* field on the application. Do not report the value of any cash value public assistance benefits **NOT** listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported here. Informal regular payments should be reported as *Other* income in the next part.
- E. **Report income from pensions/retirement/all other income.** Refer to the chart titled *Sources of Income for Adults* in these instructions, and report all income that applies in the *Pensions/Retirement/All Other Income* field on the application.
- F. **Report total household size.** Enter the total number of household members in the field *Total Household Members (Children and Adults)*. This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free or reduced-price meals.
- G. **Provide the last four digits of your social security number.** The household's primary wage earner or another adult household member must enter the last four digits of his/her social security number in the space provided. **You are eligible to apply for benefits even if you do not have a social security number.** If no adult household member has a social security number, leave this space blank and mark the box to the right labeled *Check if no SSN*.

**Sources of Income for Adults**

Earnings From Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All Other Income
<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• <b>NET</b> income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (<b>do NOT include combat pay, FSSA, or privatized housing allowances</b>)</li> <li>• Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from state or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private pensions or disability benefits</li> <li>• Regular income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Earned interest</li> <li>• Rental income</li> <li>• <b>REGULAR</b> cash payments from outside household</li> </ul>

#### STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the application.**

- A. **Provide your contact information.** Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.** Sharing a phone number, e-mail address, or both is optional, but helps us reach you quickly if we need to contact you.
- B. **Print and sign your name.** Print your name in the box *Printed Name of Adult Completing the Form*. Sign your name in the box *Signature of Adult Completing the Form*.
- C. **Today's date.** In the space provided, write today's date.
- D. **Share children's racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. **This field is optional and does not affect your children's eligibility for free or reduced-price school meals.**



**INSTRUCTIONS Sources of Income**

Sources of Income for Children		Sources of Income for Adults		
<p><b>Sources of Child Income</b></p> <ul style="list-style-type: none"> <li>- Earnings from work</li> <li>- Social Security                             <ul style="list-style-type: none"> <li>- Disability Payments</li> <li>- Survivor's Benefits</li> </ul> </li> <li>- Income from person outside the household</li> <li>- Income from any other source</li> </ul>	<p><b>Examples)</b></p> <ul style="list-style-type: none"> <li>- A child has a regular full or part-time job where they earn a salary or wages</li> <li>- A child is blind or disabled and receives Social Security benefits</li> <li>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>- A friend or extended family member regularly gives a child spending money</li> <li>- A child receives regular income from a private pension fund, annuity, or trust</li> </ul>	<p><b>Earnings from Work</b></p> <ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business)</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>- Allowances for off-base housing, food and clothing</li> </ul>	<p><b>Public Assistance / Alimony / Child Support</b></p> <ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Worker's compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veteran's benefits</li> <li>- Strike benefits</li> </ul>	<p><b>Pensions / Retirement / All Other Income</b></p> <ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private pensions or disability benefits</li> <li>- Regular income from trusts or estates</li> <li>- Annuities</li> <li>- Investment income</li> <li>- Earned interest</li> <li>- Rental income</li> <li>- Regular cash payments from outside household</li> </ul>

**OPTIONAL Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one)  Hispanic or Latino  Not Hispanic or Latino

Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPRI) case number or other FOPRI Identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-1-28-17fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider

**Do not fill out For School Use Only**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income  How often?  Weekly  Bi-Weekly  2x Month  Monthly  Quarterly  Annually

Determining Official's Signature  Date  Household Size  Categorical Eligibility  Date

Confirming Official's Signature  Date  Eligibility:  Free  Reduced  Denied

Verifying Official's Signature  Date



Application for  
School Meals  
Form 101  
10/10/10

## SHARING INFORMATION WITH MEDICAID/SOONERCARE

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Dear Parent/Guardian:

If your children get free or reduced-price school meals, they *MAY* also be able to get free or low-cost health insurance through Medicaid or Sooner Care. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and Sooner Care that your children are eligible for free or reduced-price school meals unless you tell us not to.* Medicaid and Sooner Care only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced-Price School Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or Sooner Care, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price school meals.)

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**No! I DO NOT** want information from my Application for Free and Reduced-Price School Meals shared with Medicaid or Sooner Care.

If you checked *No*, fill out the form below to ensure that your information is *NOT* shared for the child(ren) listed below:

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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For more information, you may call your child's school.

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## Fort Gibson Schools Charge Policy

As stated in the Oklahoma State Department of Education Child Nutrition manual, the school district "is not required to provide meals if payment is not made for the current day's meal or if funds in a student's account are not sufficient to cover the cost of the meal." However, Fort Gibson Public Schools recognizing the link between nutrition and education will extend the following charge policy as a courtesy to students and parents:

**Elementary Students:** Students may not exceed a \$10 charge limit. Once the student can no longer accumulate additional charges, the student may be offered, as a courtesy, a complimentary sandwich and milk for lunch and toast and milk for breakfast.

**Middle School and High School Students:** Students may not exceed one charge. Once the student can no longer accumulate additional charges, the student may be offered, as a courtesy, a complimentary sandwich and milk for lunch and toast and milk for breakfast. Students are not allowed to charge ala carte items.

There will be no charges allowed in the month of May so that we may collect all past due funds by the end of the school year.

If you feel that your family may qualify for Free or Reduced –Price Meals, please submit an application as soon as possible. Applications may be picked up at any cafeteria or a link to the application may be found on the school website under Child Nutrition. You may call the Child Nutrition Office at 918-478-2191 if you need assistance.

Parents may pay on their child's account in the cafeteria, by sending cash or check with your child or you may pay online at [myschoolbucks.com](http://myschoolbucks.com).