

“LAP”
Lunch Assistance Program Application



Please fill out this form as completely as possible. You will be notified as soon as a decision has been made as to how much aid you will receive. The amount of aid depends on the number of applicants and the amount of funds available.

Family Name: _____

Name of Children: _____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

Annual Family Income: _____

Best Number to Reach You and Name: _____ / _____

****Please return to the School Principal****

----- *Office Use Only* -----

Date Received: _____ Received by: _____