



File Name:	_____
Status:	HOMELESS
Category:	Free

Homeless -- McKinney – Vento Education Act
Free Breakfast and Lunch Documentation Fee Waiver

Student Name:

Date of Birth:

School:

Student ID Number:

Grade:

Effective Date:

Category:

School Authorizing Signature:

Print Name

School Authorizing Signature

This form should be signed by the **school administration or counseling office** and submitted electronically or via fax to:

Attn: **Homeless/Displaced Department**

Email: dsdhomeless@dsdmail.net

Fax number: **801-402-8728**