

**Stratford Board of Education**

Administration Center

1000 East Broadway  
Stratford, Connecticut 06615

September 2016

Dear Parent/Guardian:

The Connecticut State Department of Education requires us to obtain information on all students who are eligible for free or reduced price meals. This information is used to determine the amount of money the town receives for education as well as grant monies. To comply with state requirements, **please complete the questionnaire on the back of this letter**, and return it to your child's homeroom teacher by **Monday, September 12, 2016**. *This is not a request or application for free or reduced price meals. It is simply a statement of eligibility.*

1. Please fill in your name, your child's name, your address and phone number. (One form for each child in your family please).
2. Review the criteria for eligibility in the table provided on the attached form.

Examples:

A family of 5 whose annual income is \$36,972 or below is eligible for free meals.

A family of 5 whose annual income is \$52,614 or below is eligible for reduced price meals.

A family of 3 whose annual income is \$26,209 is not eligible for free or reduced meals.

3. Check only ONE (1) line below the table to indicate your status.
4. **Return the form to your child's homeroom teacher by Monday, September 12, 2016.**

If you have any questions or need assistance with filling out the form, please call the school's main office.

Sincerely,



Clarence Zachery  
Chief Operating Officer

**Please Note: It is essential that we have a form for each student in our school.  
We appreciate your cooperation.**

STRATFORD PUBLIC SCHOOLS  
**FREE/REDUCED PRICE MEALS SY16-17**

**SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**STUDENT NAME** \_\_\_\_\_

(Please Print)

**ADDRESS** \_\_\_\_\_

**FREE MEALS/MILK**

**REDUCED PRICE MEALS**

Number in Family	Annual Gross Income	Monthly Gross Income	Every Two Weeks Gross Income	Weekly Gross Income	Number in Family	Annual Gross Income	Monthly Gross Income	Every Two Weeks Gross Income	Weekly Gross Income
1	\$15,444	\$1,287	\$ 594	\$297	1	\$21,978	\$1,832	\$ 846	\$ 423
2	20,826	1,736	801	401	2	29,637	2,470	1,140	570
3	26,208	2,184	1,008	504	3	37,296	3,180	1,435	718
4	31,590	2,633	1,215	608	4	44,955	3,747	1,730	865
5	36,972	3,081	1,422	711	5	52,614	4,385	2,024	1,012
6	42,354	3,530	1,629	815	6	60,273	5,023	2,319	1,160
7	47,749	3,980	1,837	919	7	67,951	5,663	2,614	1,307
8	53,157	4,430	2,045	1,023	8	75,647	6,304	2,910	1,455
Each Add'l Family Member	+5,408	+ 451	+ 208	+104	Each Add'l Family Member	+ 7,696	+ 642	+ 296	+ 148

Please check ONE of the following:

\_\_\_\_\_ My child is eligible for free meals.

\_\_\_\_\_ My child is eligible for reduced price meals.

\_\_\_\_\_ My child is not eligible for free or reduced price meals.

**PARENT/GUARDIAN NAME**

\_\_\_\_\_  
 (Please Print)

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date