

Student Name: _____ Grade: _____

Dorchester School District Two

School Meal Program Participation Form

Dorchester School District Two recognizes the important role our school nutrition program plays in the life of our students. We understand that this service promotes student wellness as well as academic readiness while at school.

To ensure that our school meal program runs as efficiently and as effectively as possible, we ask that you please indicate how you anticipate participating in our school meal program for the 2018-19 school year:

Please check the option you feel best matches your intended level of participation.

_____ I believe my student qualifies to participate in the Free/Reduced meal program. I am completing and submitting a form today.

_____ I believe my student qualifies to participate in the Free/Reduced meal program. I will be completing and submitting an application as soon as possible. I understand that I am responsible for any debt incurred as a result of not submitting this paperwork.

_____ **I do not know if my student qualifies. (Please complete application for review)**

_____ My student will be a paying customer for school nutrition services or will be providing his or her own meal.

Payment options include:

- **credit/debit cards at each school**
- **payments by phone at the Office of School Nutrition (843-695-4920) ext. 3**
- **online payments at <https://www.myschoolbucks.com/ver2/login/getmain?requestAction=home>**

Each student must submit free/reduced meal applications yearly.

The district policy states that meals will not be charged. This district policy is supported by SC state law which states that schools are “not required to provide a meal without proper payment.”

Students and parents are responsible for meal payments at time of service or have the option to prepay.

Parent Name: _____

Parent Signature _____

Date _____