Thomas County Schools
"Education With a Purpose"

P.O. Box 440 Thomasville, Georgia 31792

E.R. CONE
Superintendent 912-226-7102

August 30, 1976

Dear Parent or Guardian:

The Central High School serve nutritious lunches every school day. Students may buy lunch for 35 cents and extra milk for 05 cents. Children from families whose income is at or below the levels shown on the attached scale are eligible for free milk and for lunches free or at the reduced price of 20 cents. If your income is greater than those shown but you have unusually high medical bills, shelter costs in excess of 30 percent of your income, special education expenses due to the mental or physical condition of a child, or disaster or casualty losses, your children may still be eligible.

To apply at any time during the year for free or reduced price meals and free milk for your children, complete the attached application and return it to the school. Within 5 days of receiving your application, the school will let you know whether or not your children are eligible. If you do not agree with the school's decision, you may wish to discuss it with the school. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing E. R. Cone, Superintendent at Thomas County Board, 226-7102.

In certain cases foster children are also eligible for these benefits. If you have foster shildren living with you and wish to apply for such lunches and milk for them, please notify us or indicate it on the application. Approval for these foster children will be made based on the family size and income data provided on the application.

All children are treated the same regardless of ability to pay. In the operation of child feeding programs, no child will be discriminated against because of his race, sex, color, or national origin.

If there is a change in your family's income due to reasons such as unemployment or if there is a change in family size, please contact us. Such a change may make your children eligible for reduced price meals or for additional benefits such as free meals and milk.

If we can be of any further assistance or if your income changes during the year, please contact us.

Sincerely,

W. C. Childs
Principal

FREE AND REDUCED PRICE MEAL AND FREE MILK POLICY 1976-77
ELIGIBILITY SCALE

Instructions --

1. Locate your family size in the left column (Column 1). Draw a line straight across to the right.

2. If your income falls within column 2 all children in school are eligible for free meals and free milk.

3. If your income falls in Column 3, all children in schol are eligible for meals at a reduced price.

4. If your income is above the right hand part of Column 3, all children must pay the full price of meals.

Column 1 Family Size	Column 2 Free Meals and Free Milk	Column 3 Reduced Price Meals
	Yearly Income	Yearly Income
1	0 - $ 3,680	$ 3,681 - $ 5,730
2	0 - 4,830	4,831 - 7,530
3	0 - 5,980	5,981 - 9,320
4	0 - 7,130	7,131 - 11,110
5	0 - 8,190	8,191 - 12,770
6	0 - 9,240	9,241 - 14,410
7	0 - 10,200	10,201 - 15,910
8	0 - 11,150	11,151 - 17,390
9	0 - 12,010	12,011 - 18,740
10	0 - 12,870	12,871 - 20,090
11	0 - 13,730	13,731 - 21,430
12	0 - 14,590	14,591 - 22,770
Each additional family member	860	1,340

Denied_____
Initials of Approving Official_____
Date of Approval_____

Number of children in this school approved for:
Free meals and Free milk_____
Reduced price meals_____

Free and Reduced Meal Application - 1976-77

Parents: This application is being made in connection with the receipt of federal funds. School officials may, for cause verify information on the application.

I wish to apply for free meals and free milk or reduced price meals. Yes_____ No_____

Names and grades of children for whom application is made:

Name	School	Grade

Name and address of parent or guardian_____

Total number in family living at home [ ]

Total family income before deductions. Include wages of all working members, welfare payments, pensions, social security, and all other income. Fill in one:

Yearly $_____ Monthly $_____ Weekly $_____ Every 2 weeks $_____

Other $_____ Specify:_____

If your gross family income exceeds the amount indicated in the attached family income scale and you wish to apply under any of the special hardship conditions cited in the attached letter, please complete the application form and also describe the nature of your hardship here:

Hardship:	Estimated dollar value:
High medical bills	
Special educational expenses	
Disaster or casualty losses	
Shelter cost	

In certain cases foster children are eligible for free or reduced price meals and free milk regardless of your family income. If you have foster children living with you and wish to apply for such meals and milk for them, please check here:_____ The school may wish to contact you for more information about your foster child to determine eligibility.

I hereby certify that, to the best of my knowledge and belief, all of the above information is true and correct. I also understand that under Georgia law it is considered a misdemeanor for any person to knowingly provide false information in order to obtain free or reduced price meals for any school child or to fail to correct a false impression of an existing fact or set of circumstances which would entitle such child to free or reduced price meals. Any violation of these provisions could result in the conviction of and punishment as for a misdemeanor. I also understand that deliberate misrepresentation may also lead to prosecution under Federal criminal statute.

_____
Signature of adult family member

FOR SCHOOL USE ONLY - RETURN TO PARENT

Student Name_____ Homeroom Teacher_____

Your application for free and reduced price meals and free milk for your children has been:

_____Approved for free meals and free milk
_____Approved for reduced price meals at _____cents for lunch and_____cents for breakfast
_____Denied for the following reason:_____

_____

Approving Official:_____

If you do not agree with this decision, you may discuss it with the school. You may appeal the dicision by calling or writing_____ at_____
(Name and Title of Hearing Official) (Address)

_____ _____
(Phone) (Date)