

# BRITTEN SCHOOL

2016-2017

## Decline of Free and Reduced Meal Benefits

(Any household that wishes to decline benefits is required to sign the following release.)

While my child does qualify for the free and reduced meal plan at school, we wish to decline benefits. I understand that if circumstances change I may apply at any time during the school year.

Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_