

**BRITTEN SCHOOL  
AUGUST 2020- 2021**

**Reinstate Free and Reduced Meal Benefits**

(Any household that wishes to reinstate benefits is required to sign the following form.)

My child does qualify for the free and reduced meal plan at school, we wish to reinstate benefits.

I understand that if circumstances change, I may decline benefits at any time during the school year.

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

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