

**BRITTEN SCHOOL
AUGUST 2020- 2021**

Decline Free and Reduced Meal Benefits

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

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: _____