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August 3, 2021

Goddard Public Schools Families,

If you are a family who may have applied for Free and Reduced Price Meals in the prior school year or feel you may be eligible for your students enrollment fees to be waived for the coming school year, please consider the following information. For the 2021-22 school year, all families will automatically receive free school meals, so there is no longer a need for a Free and Reduced Price Meal application. **Instead, completing the Household Economic Survey will allow families to apply to have their student(s) enrollment fees waived for the 2021-22 school year.**

Please note, **families are not required to complete this application.** Only families requesting to have their school fees waived for the 2021-22 school year should submit a completed Household Economic Survey. Eligibility determination will be made according to the established guidelines, and should your family qualify for benefits, the district will waive your student(s) enrollment fees within your Skyward Family Access Account.

Please log in to [Skyward Family Access](#) to complete the Household Economic Survey located in your "Online Forms" Tab. Be sure to complete the Online Form for each student in your household. We have included a paper copy of the HES application if you would prefer to submit by mail, or to return in person to the Central Administration Center. If you decide to mail or deliver your documents, please send them to the address below.

Thank you for your consideration of this important process.

Goddard Public Schools
Attn: Toby Klein
201 S. Main St.
Goddard, KS 67052



2021-2022 Household Economic Survey

Do not complete this form if you are Directly Certified to receive free meals.

For your school to receive specific state and federal benefits and funding, you must fill out this form.

There are _____ people in my household, including all children and adults.

The total annual income for all people in the household before any deductions for taxes, insurance, medical expenses, child support, etc. is _____ per year.

Student Name	School	Grade	Date of Birth

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal and state funding based on the information provided. I understand that school officials may verify (check) the information.

Signature of Parent of Guardian

Date

Phone

For School Use Only: Free Reduced Not Eligible