**Due Dates: October 15, January 15, March 15, June 15**

**The information on this form is confidential and must not be shared with WSAC. Do not send this form to WSAC. Retain this form in a secure file for audit purposes only.**

**Name of School:** ­­­­­­­­­­­­­­­­­­­­­­­

**Date of Report:** ­­­­­­­­­­­­­­­­­­­­­­­

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| **Documentation of Eligible Students – Priority Schools Only** | | | | | | | |
| Student Name | Grade Level | Date of Eligibility | Free or Reduced  Lunch | TANF or Social Security | Foster Care | Homeless | Other |
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Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_