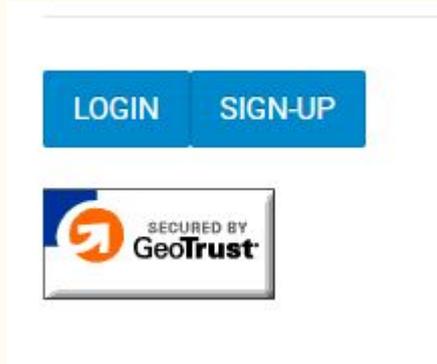# Application for Educational Benefits

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How to fill out online form

Login to your Family Access account

The Family Access portal is located on our ISD 31# homepage. If you do not have a Family Access account setup, please click the sign-up button and fill out the online form.

SKYWARD

Home

Online Forms

Calendar

Gradebook

Attendance

Student Info

Busing

Food Service

Schedule

Discipline

Test Scores

Academic History

Portfolio

Skylert

Health Info

On the next screen, select the Food Service tab located on the left hand side of your screen under busing.

Select a Student and click Applications

If you have more than one student, just select one. You will have the opportunity to add each child in the application.
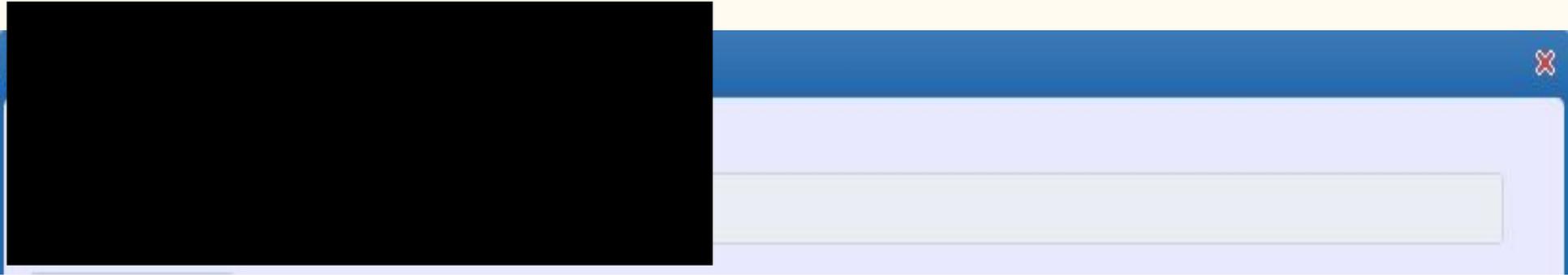

The Applications button is located in the center right section of the screen above the Lunch Calendar button. In the case of multiple households, only the primary address will be able to fill-out the application.

Select Add Application

After you have submitted your application you may check the status or print the application from this screen.

Follow the prompts on the screen

Free and Reduced-Price School Meals and Educational Benefits Application				
Steps	Free and Reduced-Price School Meals and Educational Benefits Application	Next	Print	Back
	Letter to Parents			

Free and Reduced-Price School Meals and Educational Benefits Application					
Steps	Free and Reduced-Price School Meals and Educational Benefits Application	Previous	Next	Print	Back
Letter to Parents	**Instructions for Applying**. Please select the option below after reviewing all information. Questions can be directed to contact information supplied in the Letter to Parents.				
➡ Instructions for Applying	☐ I have read the Instructions for Applying and would like to continue the application				
Federal Income Chart					
Privacy Act Statement					

Be sure to click Sign and fill in the Print Name box

| Previous | Next | Print | Back |

4. Signature

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the 'No Social Security Number' box.** See Privacy Act Statement

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

* Sign here: <Signed Electronically> Remove
Date: 09/23/2020
Address:
City:
* Last Four Digits of SSN: ***-**- 1234   OR ☐ I do not have a SSN
Email Address:

* Print Name: Mother Doe
Home Telephone: Ext:
Work Telephone: Ext:
State: Zip Code:

By providing your email address, you may be notified by email of your eligibility for free and reduced price school meals.

Review your Application

Please take a second to review your Application for accuracy before submitting.

Free and Reduced-Price School Meals and Educational Benefits Application   Previous   Print   Back

Please review the completed application and click the button to submit the application.

Submit Application

NOTE: The application has not yet been submitted. This application will not be considered until the **Submit Application** button is clicked.

Done! Your Application has been submitted.

From this screen you can check your Application status, update changes, view, and print.

Food Service Applications

Pending Application Update Pending Application | View Application | Print Application

Application Date: Wed Sep 23, 2020 (Application Waiting For Approval)

Notice: Pending Application will be marked as 'Not Submitted' if edited and will need to be resubmitted for review.

Household Members

Name of Child	School Name	Grade	Foster Child?	No Income?
Jane P. Doe	BHS	11	No	Yes

Income Information

Family Member Name	Earnings from Work	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Other Income	No Income?
Mother Doe	15,600.00	0.00	0.00	0.00	No

Total Annual Income: 15,600.00