Insert District Letterhead or logo

Date:

Director of Food & Nutrition Services,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Kansas

I certify that under the McKinney-Vento Act, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (student’s name)

attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ qualifies for the National School Lunch Program

 (attendance school)

by virtue of their status as a student experiencing homelessness.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact’s name here

Contact’s title here

School District name here

Contact phone number here

Contact email address here

Superintendent’s name here

Superintendent of Schools

School District name here

Contact phone number here

Contact email address here