

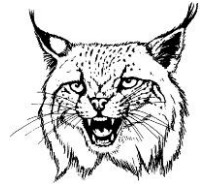
# Bowling Green R-I School District

700 West Adams Street  
Bowling Green, Missouri 63334

[www.bgschools.k12.mo.us](http://www.bgschools.k12.mo.us)

Phone: (573) 324-5441 Fax: (573) 324-2439

*"Home of the Bobcats"*



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**Jim Arico**

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Director of Elementary

Ed

**Cory Kessler**

Bowling Green

Elementary Assistant

**Julie Bowen**

Frankford Elementary

Assistant Principal

**Janese Bibb**

Special Services

Director

**George Beshears**

Director of Technology

August 1, 2018

Dear Parents/Guardian:

Bowling Green R-I School District requires a signed Free and Reduced application or a signed refusal from the parent/guardian of each child enrolled. This procedure is an effort to ensure that all students who are entitled to Free or Reduced meals are receiving this benefit. This will also benefit the District in receiving federal monies as these monies are based on the Free/Reduced student count.

Please review the guidelines to determine if your child(ren) may be eligible. \*If your income falls below or close to the income guideline, *please complete the application*. \*If your income is above the limit or you do not want your child(ren) to participate in the program, please sign your name along with your child's name below and return to school with your child(ren). Parents who have more than one student enrolled in Bowling Green schools only need to fully complete one application in order to be considered for Free/Reduced benefits. This information is privileged and the District puts forth every effort to protect this information and keep it confidential.

Parents/Guardian(s) who received a Direct Certification letter need to only sign the form below and return them unless one or more of your children are not included in the letter.

Please return the application as soon as possible. If you have any questions or need help filling out the form please call me, Kelly Hunt at 573-324-5441 or the office of your child's school.

Sincerely,

Kelly Hunt

Only sign below if the household income is too high or I DO NOT want my child to participate in the Free or Reduced Lunch Program.

Parent Signature: \_\_\_\_\_

Name of Student(s) in Household: \_\_\_\_\_

\_\_\_\_\_