

2026-2027 RETURNING STUDENT ONLINE REGISTRATION

Please use the link and directions below to complete both steps of the process.

1. Step one- online registration
2. Step two- meal benefits (FRAM)

<https://lincolnky.infinitecampus.org/campus/portal/lincoln.jsp>

If you need assistance with your parent portal, please contact the attendance clerk at your school:

Crab Orchard – Missy Frith – missy.frith@lincoln.kyschools.us - 606-355-2331

Hustonville – Laken Grider – laken.grider@lincoln.kyschools.us - 606-346-3831

Stanford – Tiffany Ledford – tiffany.ledford@lincoln.kyschools.us - 606-365-2191

Waynesburg – Cheryl Shelton – cheryl.shelton@lincoln.kyschools.us - 606-379-6413

LCMS – Pamela Rice - pamela.rice@lincoln.kyschools.us - 606-365-8400 or

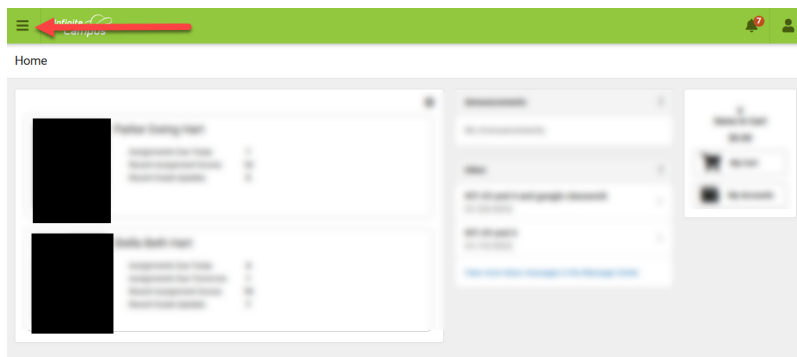
Melissa Hoover – melissa.hoover@lincoln.kyschools.us - 606-365-8400

LCMS – Kaitlin Wesley – kaitlin.wesley@lincoln.kyschools.us - 606-365-9111

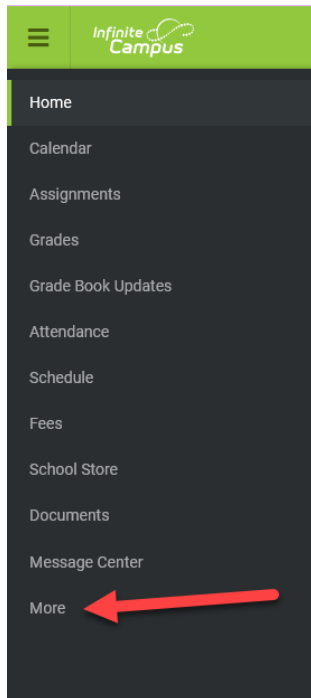
Ashley Roberts – ashley.roberts@lincoln.kyschools.us – 606-365-9111

STEP ONE - ONLINE REGISTRATION:

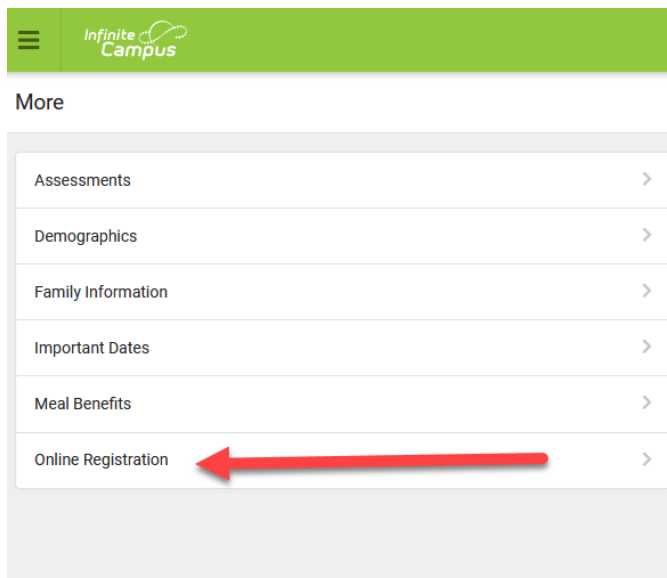
Once logged in, you will click on the three lines in the top left corner.



Then click “More” on the list of options.



Then click on “Online Registration.”



You will select 26-27 Online Registration: **EXISTING STUDENT REGISTRATION**. IT IS ON THE TOP.

Home | More | Online Registration

NAME	STATUS	ACTION
24-25 Online Registration	NOT STARTED	Start

NAME	STATUS	ACTION
24-25 Online Registration		Start

Follow each prompt and update any new information. Make sure to submit on the last screen.

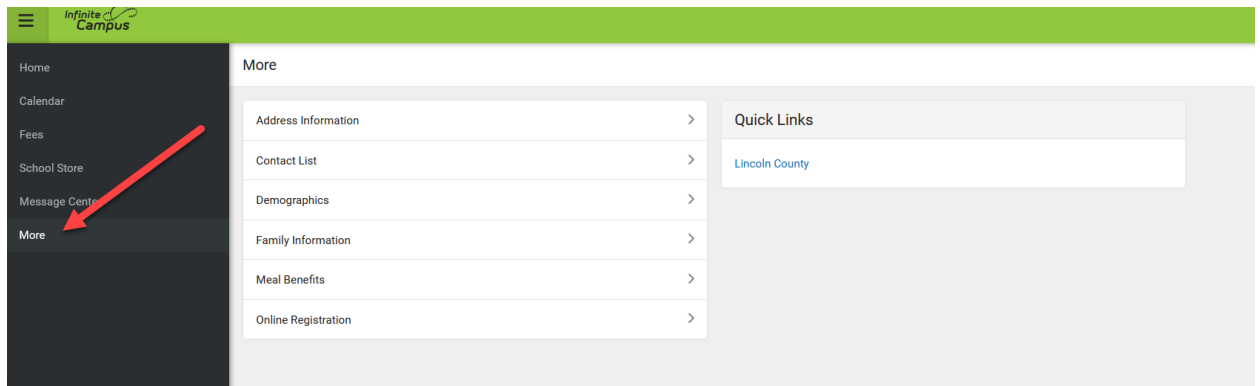
STEP TWO – MEAL BENEFITS FORM (FRAM)

Directions for FRAM form.

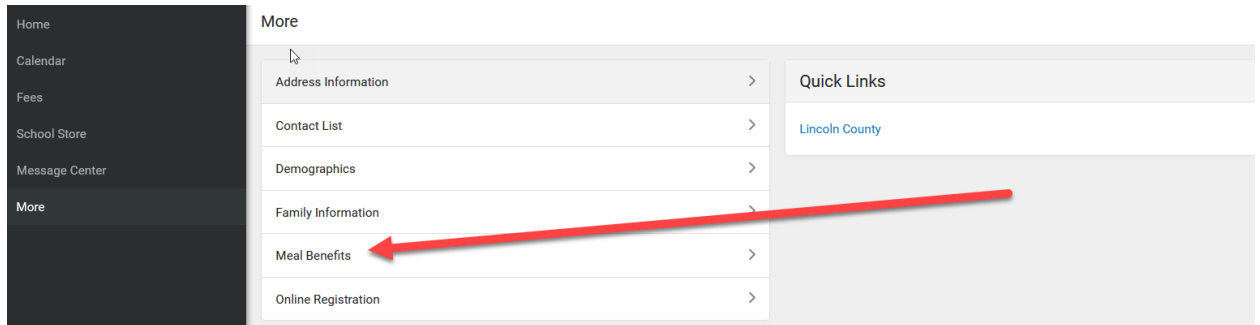
1. Login into Infinite Campus. Click the three lines in the top left corner.

Home | Calendar | Fees | School Store | Message Center | More

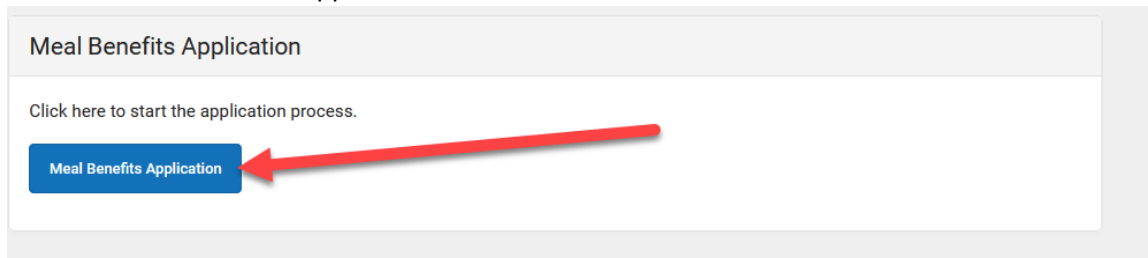
2. Click more.



3. Then click on Meal Benefits.



4. Then click Meal Benefits application.



5. Please read the letter on the next screen and then click next.

Letter to Household (Step 1 of 12)

Letter to Household contains important information you will need during the application process. You may print this letter by selecting the 'Print' button. Select 'Next' to continue or 'Cancel' to stop.

Letter to Household

Dear Parent/Guardian:

Children need healthy meals to learn. Lincoln County School District offers healthy meals every school day. When all parents complete their Household Income Form, it helps ALL students to be able to receive free meals. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from Kentucky SNAP, Medicaid or Kentucky TANF, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart the chart below.

Print Cancel **Next**

6. Then read the authorization statement and then click next.

Instructions (Step 2 of 12)

Application Instructions will help guide you through the application process. You may print this letter by selecting the 'Print' button. Select 'Next' to continue.

to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Authorization Statement

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

Print Previous Cancel **Next**

7. Verify your address and then click next.

Meal Benefits Application

Signer Confirmation (Step 3 of 12)

Please review the application signer's name and household address below. Confirm you are the person signing this online application by selecting 'Next'. Select 'Cancel' if you are not this person or if you do not

Diana Hart, you have been identified as the household member signing this Meal Benefits Application.

You are applying for meal benefits for all household members living at the address below. If the address is incorrect, you may update it in the Household Information section of the Portal.

Primary Address:

Previous

Cancel

Next

8. Click each family member that lives in the household and then hit next.

Meal Benefits Application

Household Members (Step 4 of 12)

Household Members are listed below. You must confirm each person living in your household by selecting the 'Household Member' button. If a person listed below is no longer living in your household, do not select the 'Household Member' button. If there are persons missing from your household you will need to add them by selecting the 'Add Household Member' button. You are not allowed to edit existing household member information. After you have identified and/or added household members select 'Next' to continue.

	SIGNER	☒ Household Member
		☐ Household Member
		☐ Household Member
		☐ Household Member

Add Household Member

Previous

Cancel

Next

9. Answer each question and then hit next.

Meal Benefits Application

Meal Benefits (Step 5 of 12)

Do any household members receive benefits? (SNAP, TANF, or FDIPIR)

Select One *

- ☐ No
☐ Yes

Previous

Cancel

Next

10. Identify each family member that is a child and student. Then click next.

Meal Benefits Application

Children (Step 6 of 12)

Select the 'Child' button next to children in your household that meet the following criteria: all infants and children age 18 and under who are supported with the household's income; foster children in your care, child homeless, migrant, or runaway; or students attending a school in this district, regardless of their age.

Select the 'Student' button to confirm a child attends school in the district.

After you identify each Child and Student, select 'Next'.

SIGNER

☒ Child

☒ Student

☐ Child

☐ Student

☒ Child

☒ Student

Previous

Cancel

Next

11. Answer this question and then click next.

Meal Benefits Application

Foster (Step 7 of 12)

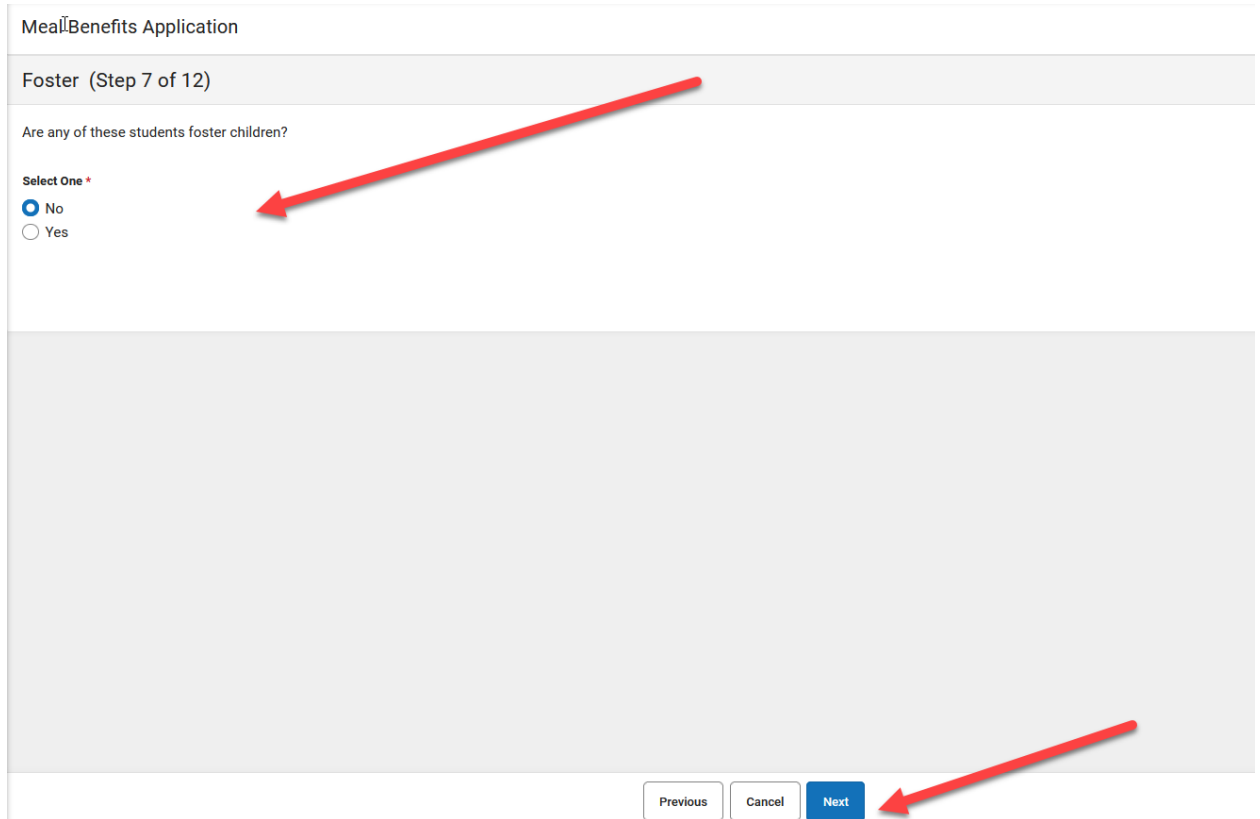
Are any of these students foster children?

Select One *

☒ No

☐ Yes

Previous Cancel Next



12. Answer the next question and click next.

Meal Benefits Application

Student Indicators (Step 8 of 12)

Are any of these students Migrant, Homeless or Runaway?

Select One *

☐ No

☐ Yes

Previous Cancel Next

13. Click all members that have an income and enter all figures. Be sure to click no income if the family member does not receive any income or benefits. Then click next.

Meal Benefits Application

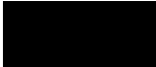
Gross Income (Step 9 of 12)

For each Household Member, report the total gross income for each source in whole dollars only. PLEASE DO NOT LEAVE BLANK, AS IT DEFAULTS TO \$0 AND CAUSES ISSUES DURING PROCESSING.

Adult Household Members

 SIGNER	☐ No Income	☐ Add Income
	☐ No Income	☐ Add Income

Child Household Members

	☐ No Income	☐ Add Income
	☐ No Income	☐ Add Income

Previous Cancel Next

14. Fill out the last 4 of your social security number, all information and the authorization statement.
Then click submit.

Meal Benefits Application

Authorization (Step 11 of 12)

You must respond to the following questions and read the authorization statement below.

Social Security Number

The income section of this application has been filled out. You are required to provide the last four digits of your SSN. Please enter the last four digits of your SSN or select the 'I do not have a SSN' button.

One option is required. *

SSN #####-####

☐ I do not have a SSN

One selection is required

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Response section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one)

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ No Response

Race (check one or more)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Previous

Cancel

Submit

Authorization Statement

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

I Agree *

- ☐ No
☒ Yes

Previous

Cancel

Submit