



Sibling Match Form



New students to a Brevard County Public School **who have siblings that CURRENTLY participate in the Free or Reduced Lunch Program** may qualify to eat on the sibling's prior year status for the first 30 days of the new school year **or until a new lunch application is processed**. All students **must** reside at the same address.

If you have children that attend a Brevard County Public School and **currently** participate in the Free or Reduced Lunch Program, please complete the form below and email to FSHelpDesk@brevardschools.org:

Name of Sibling(s) **currently** in the Free & Reduced program:

<u>Sibling Name:</u>	<u>Date of Birth:</u>	<u>Student ID:</u>	<u>School:</u>
	/ /	/	
	/ /	/	
	/ /	/	
	/ /	/	

Name of **NEW** Student(s), Date of Birth, Student ID (if enrolled) and school **NEW** student will be attending:

<u>Student Name:</u>	<u>Date of Birth:</u>	<u>Student ID:</u>	<u>School:</u>
	/ /	/	
	/ /	/	
	/ /	/	
	/ /	/	

Parent/Guardian Name: _____

Family Address: _____

Contact Phone Number: _____

- **NOTE:** Free/Reduced lunch applications for the 2025/2026 school year will be available by August 1, 2025. If you have any questions, please contact Tamara Cheek at (321) 633-1000 x11642, Lexa Reyes-Arturet at (321) 633-1000 x11655, or via email at: FSHelpDesk@brevardschools.org.

This institution is an equal opportunity provider.