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:

Sibling Name:	Date of Birth:	Student ID:	School:
	/ /		
	/ /		
	/ /		
	/ /		

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

Student Name:	Date of Birth:	Student ID:	School:
	/ /		
	/ /		
	/ /		
	/ /		

Parent/Guardian Name: _____

Family Address: _____

_____

Contact Phone Number: _____

- **NOTE:** Free/Reduced lunch applications for the 2024/2025 school year will be available by August 1, 2024. 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.