Form #318
Revised 9/18

NOTIFICATION OF STATUS CHANGE

To School: _____ ☐ Office ☐ Cafeteria ☐ Nurse ☐ Other

From Central Office/Determining Official/Verifying Official: _____ Date: _____
Name

The following students' status must change:

App #	Student(s) Name	Original Determination			New Determination				Changes Made	
		Free	Reduced Price	Denied	Free	Reduced Price	Denied	Effective Date	Master Eligibility List	Meal Counting System