



Attachment F.2- CERTIFIED AND DENIED APPLICANT SAMPLING FORM - NEWLY CERTIFIED

OMB Approval No.: 0584-0530

Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY (APEC-II) STUDENT SAMPLE CONTACT INFORMATION FORM FOR NEWLY APPROVED FREE\REDUCED-PRICE SAMPLE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0584-0530. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.





NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST PROGRAM ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY (APEC-II)

STUDENT SAMPLE CONTACT INFORMATION FORM FOR NEWLY APPROVED FREE\REDUCED-PRICE SAMPLE

SCHOOL DISTRICT ID NUMBER:		SCHOOL DISTRICT NAME:				
SCHOOL ID NUMBER:		SCHOOL NAME:				
DATE:	_ / / MONTH DAY YEAR					
I. NEWLY APPROVED FREE AND REDUCED-PRICE SAMPLE						

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		SAMPLE RESULTS							
	A. Stude	В.	C.	D.		E.	F.	G.	H.
	nt Numb er	Selection Order	Selection Type (M or R)	Student Na	me	Grade	Parent's Name	Mailing Address	Telephone Number
1.				First:			First:	Street:	Area Code: ()
		Last:				Last:			
				K. Continue		State: Zip: L. Did student enroll in this school after the beginning of the school year? \[\text{Yes} \text{No} \] If Yes, did student transfer from within the district? \[\text{Yes} \text{No} \]			
2.				First:Middle:			First:	Street:	Area Code: ()
				Last:			Last:	State: Zip:	
	I. J. Application/Certification Status: Application Number: Certification Status: Application Date: Free Reduced Price Certification Date:		MONTH DAY YEAR		Did student enroll in this school after the beginning of the school year? ☐ Yes ☐ No If Yes, did student transfer from within the district?				
3.							☐ Yes ☐ No	Area Code:	
				First:Middle:Last:			First: Middle: Last:	Street:	
	I. Application Number:		J. Application/Certif Certification Status: Application Date: Free Reduced Price Certification Date:		K.		State: Zip: L. Did student enroll in this school after the beginning of the school year? Yes No If Yes, did student transfer from within the district? Yes No		
4.		First:			First:	Street:	Area Code: ()		
I. Application Number:		J. Certification Status:	Application/Certi	_	Last: K. ates:	State: Zip: L. Did student enroll in this school after the beginning of year?	the school		

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SAMPLE RESULTS									
	A. Stude nt	В.	C.	D.		E. F.		G.	H.
	Numb er	Selection Order	Selection Type (M or R)	Student Name		Grade	Parent's Name	Mailing Address	Telephone Number
				Free	Certification Date:		/ / □ Date Not Available TH DAY YEAR	If Yes, did student transfer from within the district? ☐ Yes ☐ No	
5.		First: Middle: Last:			First: Middle: Last:	Street: City: State: Zip: L.	Area Code: ()		
		l. Application	Number:	Certification Status: Application/Certiform Date: Application Date: Application Date: Application Date:			K. / _ / _ _ Date Not Available TH DAY YEAR	L. Did student enroll in this school after the beginning of the school year? Yes No If Yes, did student transfer from within the district?	
6.		First: Middle: Last:			First: Middle: Last:	Street: City: State: Zip: L.	Area Code: ()		
	I. Application Number:		J. Certification Status: Free Reduced Price	Application/Certification Date:	_ MON ⁻	K. pates:	L. Did student enroll in this school after the beginning of the school year? Yes No If Yes, did student transfer from within the district? Yes No		

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