



To Kobussen Buses Ltd:

I authorize you to request information from the Neenah Joint School District that would verify my participation in the Federal Free and Reduced Lunch Program.

Name of Student _____ School _____

Name of Student _____ School _____

Name of Student _____ School _____

Address _____

Parent/Guardian Signature _____ Date _____

Please return this form to:
Kobussen Buses Ltd.
6302 Dixie Rd
Neenah WI 54956

Or fax this form to:
920-722-1143