



Welcome to the
2025-2026
School Year!

Dear Parents,

Immaculate Conception provides healthy meals to our students that includes a daily serving of a fruit, vegetable and protein based on the USDA servings recommendations for elementary students. In order to support and sustain our Hot Lunch Program all parents are required to pay School Lunch Fees monthly. All students are expected to participate in the program. However, *if your child has a severe food allergy or specific food issue(s), you will need to submit a letter or prescription excuse from your personal doctor to be kept on file. Students with these specific needs can bring their lunch from home everyday or the student may eat school lunch on the days that our menu is acceptable.*

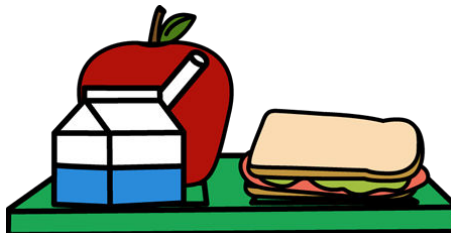
Monthly lunch fees are \$60.00 per month, per student. Lunch Fees are due on or before the 15th of every month, August to May (10 months). An ACH Direct Deposit Form is attached for your convenience to utilize. If you choose this option, you will need to make the first month lunch payment [August] by check and the ACH process will begin on September 15th. Please complete the ACH Form with a VOIDED CHECK ATTACHED and return to the School Office as soon as possible.

FREE AND REDUCED ELIGIBILITY APPLICATION

Immaculate Conception will do our best to help any family who is need of assistance with Lunch Fees. Please complete the attached form and submit to the School Office.

If you have any questions, please feel free to call Ms. Leigh Ann Grant, Principal at 660-385-2711.

Keep in mind that ***ALL INFORMATION IS CONFIDENTIAL***, and that you can apply at any time throughout the school year as your eligibility may change.



Have a great school year!

Leigh Ann Grant, Principal
660-385-2711

Jessica Wooten, Food Director

FREE AND REDUCED ELIGIBILITY APPLICATION

Please complete the following information and submit to the School Office. All information is confidential.

Please list all children's names that reside in the household including Foster Children.

Full Name of All Household Children	School they Attend	Grade/Age

Please list all adult household members (including yourself and those who do not receive an income)

Name of Adult Household Member	Monthly Income	
Total Income	\$ x12 months=	Yearly Income

I certify (promise) that all information on this application is true and that all income is reported.

Parent Signature:
Address:
Phone:

DO NOT COMPLETE THIS SECTION – FOR SCHOOL USE ONLY

Household Size: ____

Eligibility: ____Free ____ Reduced ____Denied

Confirming Official's Signature: _____

INCOME ELIGIBILITY GUIDELINES
 (EFFECTIVE JULY 1, 2025 THROUGH JUNE 30, 2026)

Household Size	FREE MEALS - 130%					REDUCED PRICE MEALS - 185%				
	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month
1	\$20,345	\$1,696	\$392	\$783	\$848	\$28,953	\$2,413	\$557	\$1,114	\$1,207
2	27,495	2,292	529	1,058	1,146	39,128	3,261	753	1,505	1,631
3	34,645	2,888	667	1,333	1,444	49,303	4,109	949	1,897	2,055
4	41,795	3,483	804	1,608	1,742	59,478	4,957	1,144	2,288	2,479
5	48,945	4,079	942	1,883	2,040	69,653	5,805	1,340	2,679	2,903
6	56,095	4,675	1,079	2,158	2,338	79,828	6,653	1,536	3,071	3,327
7	63,245	5,271	1,217	2,433	2,636	90,003	7,501	1,731	3,462	3,751
8	70,395	5,867	1,354	2,708	2,934	100,178	8,349	1,927	3,853	4,175
For each add'l person, add	+7,150	+596	+138	+275	+298	+10,175	+848	+196	+392	+424

AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

(ACH DEBITS) Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize Immaculate Conception Catholic Church, Macon ("Company") to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct erroneous debits as follows:

Please check all that apply and complete the banking information for each category.

CATHOLIC HOT LUNCH \$ _____ [MONTHLY X # OF STUDENTS]

- Checking Account** **Savings Account** (*select one*) at the depository financial institution named below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with applicable law.

Depository Name _____
Routing Number _____ Account Number _____
Beginning Date: _____ Ending Date: _____

TUITION \$ _____ [MONTHLY]

- Checking Account** **Savings Account** (*select one*) at the depository financial institution named below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with applicable law.

Depository Name _____
Routing Number _____ Account Number _____
Beginning Date: _____ Ending Date: _____

TITHING \$ _____ [MONTHLY]

- Checking Account** **Savings Account** (*select one*) at the depository financial institution named below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with applicable law.

Depository Name _____
Routing Number _____ Account Number _____
Beginning Date: _____

Pulled on the 15th of every month,

[on DAY before or DAY after or MONDAY following if 15th falls on holiday or weekend]

I (we) understand that this authorization will remain in full force and effect until I (we) notify Immaculate Conception Catholic Church, Macon in writing that I (we) wish to revoke this authorization. I (we) understand that Immaculate Conception Catholic Church, Macon requires at least 30 days prior notice in order to cancel this authorization.

Name: _____
(Please Print) (Signature) (Date)

ATTACH VOIDED CHECK HERE

[Mandatory—will not process if not received.]
(Do not use a deposit ticket or temporary check)