



Cards for Kids Program Attestation

Student 1: _____

Student 2: _____

Student 3: _____

Student Address: _____
(Must be in unincorporated area not served by any library or library district)

Student attends the following Pre-K–12 school(s):

Student(s) is/are eligible for free/reduced meals at school: Yes No

I attest that this is a true and accurate report and understand that any inaccurate or untruthful information may disqualify my student(s) from further participation in this program.

Parent/Guardian Name: _____

Signature: _____

Date: _____

For Library Staff

Staff Initials: _____ Date: _____

Note – this form is subject to change based on State of Illinois guidance on the Cards for Kids program.