STUDENT LUNCH REGISTRATION FORM

Student Full Name: _____ DOB: _____ IEP/504: _____

Primary Phone: _____ Primary Address: _____

Parent/Legal Guardian Name: _____ Email: _____

Student will have lunch: ☐ Daily ☐ Weekly ☐ Bring Lunch from Home ☐ Both

School Lunch

Is your child allergic to any type of food/ingredients:_____

_____

_____

_____

Effective Date to start Lunch Services: _____

Parent/Guardian Signature: _____ Date: _____

School Official Signature: _____ Date: _____

Comments:_____

_____

_____

_____

_____

_____

_____

Scholarship Type: Private____ PLSA____ Approved _____ Denied _____

Comments: _____

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