

**Form**

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CLOSED SCHOOL LUNCH FORM

PLEASE RETURN THIS SLIP TO SCHOOL BY NEXT MONDAY

September, 20\_\_

Dear Parents/Guardians,

The permission form below must be completed by you for your child and returned to your child's teacher by next Monday. Please understand we will need this form completed for each student. Your prompt response is necessary and appreciated.

Sincerely,

Mary Ellen Eck, Chief School Administrator

MEE:gs

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Please indicate below what your plans are for your child's lunch. Only indicate #4 if you expect to routinely have other plans on a recurring basis, like Mondays and Wednesdays, or the 15<sup>th</sup> and 30<sup>th</sup> of each month.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Homeroom

1. \_\_\_\_\_ WILL ALWAYS eat lunch in school.
2. \_\_\_\_\_ WILL NEVER eat lunch in school.
3. \_\_\_\_\_ WILL USUALLY eat lunch in school unless I send a signed note that he/she has other plans.
4. \_\_\_\_\_ WILL eat lunch in school except for the following days:

\_\_\_\_\_  
\_\_\_\_\_

I understand that I am fully responsible and liable for my child while he/she is away from school for the lunch period.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date