



# SCS Student Meal Request Form

School Name where picking up meals: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian First and Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**List all school aged children enrolled in Shelby County Schools in household receiving meals.**

Child's First and Last Name (Please Print)	School Name Child Attends	Grade	Date of Birth	Student Lunch ID#
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

☐ I agree to properly store, freeze, and/or refrigerate and prepare meals according to instructions provided with meals.

☐ I certify that all the information provided on this form is true and accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NUTRITION SERVICES ONLY BELOW THIS LINE....

Breakfast Meals Received: _____	Lunch Meals Received: _____
Total Days Received: _____	Total Days Received: _____

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_