



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: _____

Shelby County Schools offers educational and employment opportunities without regard to race, color, religion, sex, creed, age, disability, national origin, or genetic information.