



CACFP Supper and Snack Student Meal Request Form

School Name where picking up meals: _____ Week of: _____

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.				

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....

Supper Meals Received: _____	Snack Meals Received: _____	Total Attendance: _____
Total Days Received: _____	Total Days Received: _____	(Total number of children that received a meal listed above)

Site Supervisor Signature: _____ Date: _____