

**LUNCH REGISTRATION FORM  
2017/2018 ACADEMIC YEAR**

Student Information						
Name:			Grade in 2017-2018:			
Name:			Grade in 2017-2018:			
Name:			Grade in 2017-2018:			
Name:			Grade in 2017-2018:			
Please select desired date:		<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Food allergies (if any):						
Special Request:						
Name and contact details of Parent(s) or Legal Guardian(s):						
Person Name 1:			Relationship to Student(s)			
Contact Number:			Contact Email			
Person Name 2:			Relationship to Student(s)			
Contact Number:			Contact Email			
Desired start date for school lunch service:						
<input type="checkbox"/>	By checking this box, I confirm that I have read the "SCHOOL LUNCH SERVICE 2017/2018 ACADEMIC YEAR AGREEMENT" regarding the School's lunch service, and agree to the condition of the School's lunch service.					
Parents or Legal Guardian's signature:						
Parents or Legal Guardian's name:						