

Inkster School Lunch Program Registration Form 2021/22

Please complete and return this page.
A completed registration form is required each year.

Students First and Last Name (please print)	Grade/Room #	Health
	Grade	<input type="checkbox"/> check all that apply - My child: <ul style="list-style-type: none"> <input type="radio"/> has allergies <input type="radio"/> carries an Epi-pen <input type="radio"/> has Asthma and carries an inhaler <input type="radio"/> wears a Medical Alert Bracelet <input type="radio"/> other medical conditions
	Room #	
	Grade	<ul style="list-style-type: none"> <input type="radio"/> has allergies <input type="radio"/> carries an Epi-pen <input type="radio"/> has Asthma and carries an inhaler <input type="radio"/> wears a Medical Alert Bracelet <input type="radio"/> other medical conditions
	Room #	
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	Room #	

If you checked any of the information under Health, please provide additional details. (i.e. - Cause of allergy; type of medical condition ;)

CONTACT INFORMATION

Mother/Guardian Name: _____	Father/Guardian Name: _____
Address: _____	Address: _____
Home Phone Number: _____	Home Phone Number: _____
Work/School Phone Number: _____	Work/School Phone Number: _____
Cell Phone Number: _____	Cell Phone Number: _____
Email: _____	Email: _____



Check one - All families using lunch program services must qualify using the criteria below.

- Student lives excessive walking distance (1.6 km or 1 mile) from school.
- Parent(s)/Guardian(s) work full time and/or in school full time.

I agree to pay my Lunch Program Fees on the first school day, in advance of each month.

My child(ren) will be Responsible and Respectful when they attend Inkster School Lunch Program.

Parent / Guardian Signature _____ Date: _____

Parent / Guardian Signature _____ Date: _____

If you have any questions regarding the Inkster School Lunch program, please contact the Lunch Program Co-ordinator – Donna Kuch – PH# 204-792-5032 -- inksterlunchprogram@gmail.com