



School Nutrition Office:

I have read and understand the particulars of the “Meals in the Classroom” program that is being implemented in my child’s building. Payment for this program will process through the My School Bucks site. If my child decides to partake in the offered breakfast or lunch meal, he/she will be charged in the same manner via *My School Bucks* program. There will not be any cash exchanged in this program. All students must have a balance on their *My School Bucks* account in order to be a part of the Meals in the Classroom initiative. **Students who receive free meals are automatically included in the Meals in the Classroom Program.**

I do **not** wish my child to partake in the Meals in the Classroom Program.

I will allow my child to partake in the program when he/she wishes on a daily basis.

Thank you.

Parent Signature

Parent of: _____
Student’s Name

Building/Teacher: _____

Please return this form in the enclosed envelope as soon as possible. If you have any questions on the Meals in the Classroom Program, please contact the School Nutrition office directly at 631-812-3040.