

Pearl Taylor
Director



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Chesterfield County Public Schools
Innovative. Engaging. Relevant.

2020-21 OPT OUT of CCPS School Meals

Name of Student

ID Number of Student

School

Birth Date

Mark the one that applies to your child

- If there is insufficient funds on my child's account (listed above) meals can **ONLY** be purchased with cash. (I do **NOT** want my child's account to ever go into the negative.)
- I am requesting that my child (listed above) **NOT** participate in Breakfast at any time.
- I am requesting that my child (listed above) **NOT** participate in Lunch at any time.
- I am requesting that my child (listed above) **NOT** participate in Breakfast or Lunch at any time.

Reason _____

Please note: By signing this form you are agreeing that the cafeteria staff may take the meal away from your child while in the serving line. It is then the responsibility of the parent to ensure that their child has lunch on any given day.

Please be advised that this form must be filled out on a yearly basis to be in effect.

Parent's Signature

Date

Phone # _____

Email _____