

GREENVILLE PUBLIC SCHOOL DISTRICT Summer Feed 2021

DUE DATE: TUESDAY, JUNE 8, 2021

CHILD NUTRITION PARENT PICK UP APPROVAL

CIRCLE ONE SCHOOL FOR MEAL PICK UP: A AKIN, BOYD, TRIGG, WEDDINGTON

Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	

I acknowledge that all information on this form is true. I understand that SFSP/CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits through the USDA Program.

Parent/Guardian Sign Name: _____

Parent/Guardian Sign Name: _____

DO NOT WRITE BELOW THIS LINE-DISTRICT USE ONLY

I, the Sponsor's authorized representative, acknowledge to the best of my ability that the above information is correct and will provide meals to the Parent/Guardian for the above children listed.

Sponsor Signature: _____

Date: _____

ID# _____