

Cafeteria Card Order Form

_____ Please issue a new card to my child.

_____ Please issue a replacement card to my child and cancel any cards previously issued to him/her.

Student's Full Name: _____

Grade: _____

Homeroom Teacher: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: (____) _____

Cell Phone #: (____) _____

Parent Signature: _____ Date: _____

NOTE: IF YOUR RETURNING STUDENT CURRENTLY HAS A CARD AND PARTICIPATED IN THE PROGRAM IN 2010-2011, YOU DO NOT NEED TO REAPPLY. TEACHERS WILL HAVE LAST YEAR'S CARDS FOR RETURNING STUDENTS IN 2ND THROUGH 5TH GRADERS. OLDER STUDNETS WERE ENCOURAGED TO STORE THE CARDS FOR THE SUMMER. YOUR STUDENT SHOULD CONTINUE TO USE THE CARD THEY WERE ISSUED LAST YEAR. UNLESS TOLD OTHERWISE, WE WILL ASSUME RETURNING STUDENTS WHO PARTICIPATED LAST YEAR WILL CONTINUE IN THE PROGRAM. THERE IS A CHARGE OF \$20.00 FOR A NEW CARD. ALL PREVIOUS BALANCES CARRY OVER FROM LAST YEAR!!!

(Office Use Only)

Date Issued: _____ Card #: _____