



Take-Home Lunch Program – Family Interest Form

One form per Family

Student Name(s): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Would your family like to participate in the Take-Home Lunch Program?

Yes

No

Does your child have any food allergies or dietary restrictions?

Yes

No

If yes, please list them below:

Are there any specific foods your family prefers to avoid (for health, cultural, or personal reasons)?

Any additional comments or questions?
