



**LOMPOC UNIFIED SCHOOL DISTRICT
CHILD NUTRITION SERVICES**

1301 North A Street, Post Office Box 8000, Lompoc, CA 93438-8000
(805) 742-3353 FAX (805) 742-3346

20____-20____

Cafeteria Club Fundraising Parental Consent Form

LUSD high school and middle school students have the opportunity to earn money for their clubs and organizations by working in the cafeteria. Club advisors sign up in advance for specific dates and assign the appropriate number of students to each shift. Each student worker receives a free meal and will have 15 minutes to eat prior to returning to class.

Each student worker is required to submit a signed Parental Consent Form authorizing the club to receive the income earned by the student in this program. Club advisors must submit this form to Child Nutrition Services prior to the student working in the cafeteria.

I authorize _____ to work in the cafeteria as part of the LUSD Cafeteria Club Fundraising Program and to donate the income earned to the club or organization listed below.

School Name

Parent/Guardian Name (Printed)

Name of Club/Organization

Parent/Guardian Signature

Date