



Free and Reduced  
12400 SE Freeman Way  
Milwaukie, OR 97222  
503-353-6034

### School Meal Opt-Out Form

I do not want my student to be able to charge meals at school. I will provide all meals, snacks and drinks for my student(s). Please do not allow him/her to charge on the student meal account at school.

Thank you.

Student Name _____	School _____
Student Name _____	School _____
Student Name _____	School _____

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Special Notes:

We can place a note on the students account but unless you completely opt-out, the account charges are still possible.

Please email it back to [freeandreduced@nclack.k12.or.us](mailto:freeandreduced@nclack.k12.or.us) or return to your school secretary.

This institution is an equal opportunity provider.