

Office: 507-333-6000 | Fax: 507-333-6050

## **2024-25 Parent Checklist**

Parent/Guardian (please print clearly)  Home address  Parent/Guardian Signature	Scan to create a Parent Portal
Parent/Guardian (please print clearly)	
form and wish to be recorded as	accining the benefits.
form to Food Service Office at 330 9  We have chosen <u>not</u> to comp form and wish to be recorded as	lete the Application for Educational Benefits
choose <u>not</u> to complete the enclo	sed forms, check the box below and return
	od Service Office at 330 9th Ave SW, Faribault <b>2024</b> or bring the completed application to
☐ Read the enclosed <b>Health Ins</b>	
☐ Read the enclosed <b>Meal Polic</b>	
☐ Complete the enclosed <b>Waive</b>	er of Confidentiality form.
Campus Parent Portal or by s	be completed online using the Infinite ubmitting the enclosed application form.