



Ambridge Area School District – Lunch Waiver Request Form 2026-2027



Student's Name: _____ Grade: _____

Courses Requested: Remove Lunch: Please Circle which Semester(s) Lunch is requested to be removed:
Semester 1 Semester 2

WHAT IS THIS FORM AND WHY DO YOU NEED TO COMPLETE IT?

This form is used when students choose to remove lunch either one or both semesters and do not meet the recommended school guidelines to have a scheduled lunch during the course of the school day.

1. Provide students a means for removing lunch in their scheduled school day with parent/guardian notification
2. Disclose the recommendation from the school that every student has a scheduled lunch period and waive that right
3. Ensure student's and parent's awareness of removing lunch from the schedule during selected semesters

STUDENT & PARENT SIGNATURES AT THE BOTTOM INDICATES UNDERSTANDING OF THE FOLLOWING:

- Student is requesting to remove a lunch period during their scheduled semester requested
- Students may not be given permission to eat lunch/snacks/food in the classroom due to absence of a lunch period
- Students must have prior classroom teacher and administration approval if additional accommodations for lunch are discussed
- Students are required to understand the rules enforced with not having a lunch in their schedule

Student's <u>Initials</u>	Parent's <u>Initials</u>	<u>I understand that ...</u>
_____	_____	I agree that my student is permitted to remove lunch from their requested semester(s)
_____	_____	I agree and understand my student may not be given permission to eat/lunch/snack in the classroom
_____	_____	I agree that after the drop add period (5) days students will not be permitted to change their schedule for lunch at any point
_____	_____	I understand the school recommends lunch periods in the course of the day and waive the right of my student attending lunch

I understand by signing this form my student will be removed from lunch(s) during their designated semester(s). I understand the school recommendation that all students schedule a lunch period for the full year and am waiving that recommendation for my student. I understand my student will not be permitted to change courses once the drop/add period is over and add a lunch after removal. I understand students may not be permitted to snack/eat food in class with not having a lunch period, and all prior arrangements must be approved by the Academic Teacher of Record and Administration. By signing this waiver, I acknowledge that students with a 504 Plan or IEP who waive their right to lunch will not hold the school responsible for failing to meet any related requirements regarding lunch services due to removal.

I understand that disciplinary consequences will be issued if my student fails to remain in their designated area during their assigned class period and will not be permitted to enter any location in the building including the lunchroom other than their assigned area during this time. The school will not be held responsible for additional fines or fees related to any disciplinary action for failure of the student to remain in their designated area as assigned after removal of the lunch period. Students will not be permitted to enter the lunchroom if not assigned a lunch period and disciplinary actions may result in non-compliance.

Student Commitment:

I acknowledge the above requirements, and am requesting to remove the lunch(s) during the scheduled semester(s) indicated above. I understand I will not be permitted to change schedules after the drop/add period and may not be permitted to have snacks/food/eat during non-designated lunch periods. Any additional recommendations must be approved via the Academic Teacher of Record and Administration.

Student Signature: _____ Date: _____

Parent Commitment:

I acknowledge the above requirements, and approve the removal of lunch(s) during the scheduled semester(s) indicated above. I understand my student will not be permitted to change schedules after the drop/add period and may not be permitted to have snacks/food/eat during non-designated lunch periods. Any additional recommendations must be approved via the Academic Teacher of Record and Administration. By signing this waiver, I acknowledge that students with a 504 Plan or IEP who waive their right to lunch will not hold the school responsible for failing to meet any related requirements regarding lunch services.

Parent Signature: _____ Date: _____