

Please fill out and return prior to 5/31/18. Please check **ALL** appropriate boxes that apply.

STUDENT NAME _____ **RM #** _____

PLEASE TELL US WHO WILL BE JOINING YOUR CHILD FOR LUNCH (PLEASE CHECK ONE):

- My child will have a guest join him/her for lunch on 6/20/18.

The guest's name will be: _____

- My child will not be having a guest join him/her for lunch on 6/20/18. (Please remember to send your child with a lunch on this day as lunches are not being served at school.)

PLEASE TELL US HOW YOUR CHILD WILL BE DISMISSED (PLEASE CHECK ONE):

- My child has my permission to be dismissed at 12:30 P.M. after the luncheon.

The person dismissing my child will be: _____

- My child will remain in school for the remainder of the school day after the luncheon.

Parent/Guardian Signature

Date