

NO LUNCH NOTIFICATION FORM



FILL OUT THE FORM BELOW TO LET US KNOW WHEN YOUR CLASSROOM
WILL NOT BE RECEIVING ANY LUNCHES
Please give this form to your cafeteria staff

Today's date: _____

SCHOOL: _____ TEACHER/CLASSROOM#: _____

DATE OF EVENT: _____

10 operating days advance notice is required.

NUMBER OF CLASSROOMS NOT RECEIVING LUNCH: _____

**BY COMPLETING AND RETURNING THIS FORM YOU ARE ACKNOWLEDGING THAT
YOU WILL NOT BE RECEIVING ANY LUNCHES FOR THE DATE OF EVENT YOU
LISTED ABOVE.**