

WESTGATE CHRISTIAN SCHOOL
2016 – 2017

Charging and Allergy Form

Name: _____ Grade: _____

(ONE FORM PER STUDENT)

Charging Permission: Please check one box!

YES

NO

If my child forgets his or her lunch, he or she has permission to charge a back-up lunch. Back-up lunches are charged a processing fee of \$1.00.

All lunch & snack charges are due & payable upon receipt of weekly Lunch Voucher Statement.

My Child has permission to charge \$_____ a day for vending and snacks.

If my child forgets his or her lunch, please call the person listed below so a lunch can be brought to him or her.

(Name)

(Phone)

Please List All Food Allergies:

Parent/Guardian Signature: _____