



**DoDEA AMERICAS – SOUTHEAST DISTRICT
OFFICE OF THE COMMUNITY SUPERINTENDENT
KENTUCKY SCHOOLS**

84 TEXAS AVENUE
FORT CAMPBELL, KENTUCKY 42223
(270) 640-1233

SUBJECT: Parent or Guardian Memo for Breakfast and Lunch Program

I request the following selections be applied to my child or children's student meal account here at the Fort Campbell Community Schools. I do understand that by signing this form my child or children will not be allowed to do the following:

Breakfast Charges:

Meals Only on Account _____

Meals Only with Cash _____

Decline to Participate in Breakfast Program _____

Lunch Charges:

Meals Only on Account _____

Meals Only with Cash _____

Decline to Participate in National School Lunch Program _____

I do know and understand the selections I have made in regards to my child or children's breakfast and lunch accounts. The choices that I have checked above will be enforced by the Fort Campbell School's Cafeteria per my request.

I understand that my child or children will be turned away at the Line of Service or Point of Sale with no meal if he or she has a message on account not to participate.

I understand that my child or children will be turned away at the Line of Service or Point of Sale with no meal if he or she has a message on account to only serve meals with cash and doesn't have cash available.

Child's Name and School:

1. _____

2. _____

3. _____

Parent Signature: _____

Date: _____

Phone Number: _____