

**St John Bosco**  
**Food Service – 2017-2018 School Year**  
**Family Authorization Form**

PLEASE PRINT

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Home Cell

E-Mail Address: \_\_\_\_\_

**Authorized Students**

	Student Name	Date of Birth	Grade entering SY17-18	Second Meal (Circle permissions)	Extra Milk (Circle permissions)	
1.				Yes or No	Yes or No	
2.				Yes or No	Yes or No	
3.				Yes or No	Yes or No	
4.				Yes or No	Yes or No	
5.				Yes or No	Yes or No	

Please add additional names on the back.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**NOTE:** Parents may choose to restrict their children's purchases of second servings or extra milks. You may restrict each child individually. Students receiving free or reduced meal benefits are eligible to receive a first meal at a free or reduced meal price, additional milk or second servings require payment by the family. Please return this form to the school office.

**Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.**

"In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider."