LSI Lunchtime Solutions, Inc.™

*Creative Solutions to School Food Service™*

## New Family Information:

Parents Names _____
(Please list full names of both parents and/or guardian of student or students)

Address: (where student residents) _____
(City, State, and Zip Code)

Optional Address: _____
(City, State, and Zip Code)

Telephone Numbers:
Home: (___)_____

Parents: Mother (___)_____ Father (___)_____
Cell (___)_____ Cell (___)_____
Work (___)_____ Work (___)_____

Daytime number in case children need lunch money (___)_____

Please list children:

| *Name of Students* | *DOB* | *School Attending* | *Grade* | *Sex* | *$ Amount for lunch deposit* |
|---|---|---|---|---|---|
| | | | | M F | $_____Ck# or Cash |
| | | | | M F | $_____Ck# or Cash |
| | | | | M F | $_____Ck# or Cash |
| | | | | M F | $_____Ck# or Cash |
| | | | | M F | $_____Ck# or Cash |
| | | | | M F | $_____Ck# or Cash |