

LINCOLN ACADEMY LUNCH DENIAL REQUEST

PARENT/GUARDIAN: _____

LINCOLN ACADEMY STUDENT: _____

The above referenced Parent/Guardian is, and hereby represents to be, the Parent/Guardian of the above-identified Lincoln Academy Student.

As the parent/guardian of the student, I am hereby requesting that my student be denied a lunch by Lincoln Academy at the point of sale. I am authorizing and directing that Lincoln Academy withhold lunch from my student. Unless and until written authorization is provided authorizing my student to receive lunch, my student is not allowed to receive a school lunch from Lincoln Academy.

I acknowledge and understand my request is contrary to Lincoln Academy's Kitchen Policy; regardless, I am assuming all obligation to nourish my student and agree to hold Lincoln Academy harmless from any repercussions that might result from or be related to enforcing and fulfilling my request to withhold lunch from my student. Included in my reasoning and basis for my request is to prevent my student from incurring charges to my student account. I have discussed this with my student, as acknowledged by my student's signature below, and my student understands that he/she is not to ever order a school lunch.

I acknowledge and agree that Lincoln Academy is released from my request upon receiving a written authorization from anyone who represents to Lincoln Academy to be a parent or legal guardian of my student; and that it is not Lincoln Academy's obligation to verify such representation.

Parent Signature _____

Date _____

Acknowledged: Student Signature _____ **Date:** _____

Acknowledged: Kitchen Director _____ **Date:** _____

CONFIDENTIAL

Acknowledged: Director _____ Date: _____

CONFIDENTIAL

This institution is an equal opportunity provider

Updated May 2021